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HEALTH FACILITIES AND SERVICES REVIEW BOARD

PROJECT NUMBER 18-026 CHAMPAIGN COUNTY NURSING HOME, URBANA

PUBLIC HEARING

REPORTER'S TRANSCRIPT OF PROCEEDINGS

September 13, 2018

PUBLIC HEARING held on September 13, 2018, between the hours of nine o'clock in the forenoon and six o'clock in the afternoon of that day, at the Hyatt Place, 217 North Neil Street, Champaign, Illinois, before Bobbi L. Hamlin, a Certified Court Reporter (MO) and Certified Shorthand Reporter (IL), Registered Merit Reporter.

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A P P E A R A N C E S

For the Illinois Department of Public Health:

Michael Constantino
George Roate

Administrator of Illinois Health Facilities
and Service Review Board:

Courtney Avery

Court Reporter:

Bobbi L. Hamlin, CCR, CSR, RMR
Missouri CCR #1183
Illinois CSR #084-002797
Alaris Litigation Services
711 North Eleventh Street
St. Louis, Missouri 63101
(314) 644-2191
1-800-280-3376

1 THE FOLLOWING PROCEEDINGS BEGAN AT 2 PM:

2 MR. CONSTANTINO: Okay. Folks we're going to get
3 started.

4 I wish you a good afternoon. Glad that you're here
5 to attend this public hearing.

6 I've got a brief announcement to make, then we'll
7 take your testimony and your written comments.

8 My name is Mike Constantino. I'm with the Illinois
9 Department of Public Health; and with me is George Roate,
10 also with the Illinois Department of Public Health. And our
11 boss, Ms. Courtney Avery, the Administrator of the Illinois
12 Health Facilities and Service Review Board, who is sitting
13 out in the hallway.

14 We're here to conduct a public hearing on a sale of
15 the Champaign County Nursing Home. I need to read into the
16 record our notice that was put in the newspaper. If you can
17 put up with me for a couple minutes, I'll read that into the
18 record.

19 In accordance with the requirements of the Illinois
20 Health Facilities Planning Act and 77 Illinois
21 Administrative Code, part 1110 and 1120, notice is given of
22 receipt to transfer ownership of an existing long-term care
23 facility in Urbana, Illinois, project number 18026,
24 Champaign County Nursing Home. The applicants are the
25 University Rehabilitation Center C-U LLC and the University

1 Rehab Real Estate, LLC and the Champaign County Board.

2 The applicants propose to assume operational
3 control of the nursing home, a 243 bed skilled nursing
4 facility, located at 500 South Bartel Drive, Urbana,
5 Illinois.

6 The cost of this project is approximately
7 \$11 million. The facility will be known as University
8 Rehabilitation Center on completion of the proposed
9 transaction.

10 This public hearing is being held by the staff of
11 the Illinois Health Facilities and Services Review Board and
12 the staff of the Illinois Department of Public Health
13 pursuant to the Illinois Facility Planning Act.

14 This hearing is open to the public and will afford
15 an opportunity for all parties with interest to present
16 written or verbal comments relevant to the project. All
17 allegations or assertions should be relevant to the need for
18 the proposed project and be supportive with two copies of
19 documentation or materials that are printed or typed.

20 The State Board will post its findings in a State
21 Board Staff Record and the report will be made available by
22 the internet on October 16, 2018.

23 The public may submit written responses in a
24 support or opposition to the findings of the Illinois Health
25 Facilities Review Board Staff Report and the public will

1 have until 9:00 a.m. on October 22, 2018 to do so.

2 This meeting is and will be accessible to persons
3 with special needs in compliance with pertinent federal,
4 state and federal laws upon notification of anticipated
5 attendance.

6 Please note that in order to ensure the health
7 facilities public hearings and to protect the privacy of
8 individuals' health information covered and defined by the
9 Health Insurance Portability and Accountability Act of 1996,
10 such as hospital providers, health plans, healthcare,
11 clearing houses, submitting oral or written testimony may
12 expose potential health information of that individual.

13 The authorization shall allow an individual to
14 share an individual's protected health information at this
15 hearing.

16 Now, if you haven't had an opportunity to sign it,
17 please do so.

18 Ms. Avery is right outside this door and she would
19 be happy to help you.

20 Those of you who have prepared a text of your
21 testimony, you may submit the written text, which will be
22 entered into today's record and made available to all
23 members, all State Board members, prior to the October 30,
24 2018 State Board meeting.

25 Also, I'll let you know that we do have a court

1 reporter here today transcribing your testimony. Her name
2 is Ms. Bobbi Hamlin. We're lucky to have her.

3 Today's proceedings will be transcribed and those
4 will also be provided to the Board Members prior to reaching
5 their decision at the October 30, 2018 meeting.

6 I ask you, please, limit your testimony to three
7 minutes.

8 And prior to your remarks, it is very important
9 that you, please, clearly state your name and spell your
10 full name and the affiliation with other healthcare systems.

11 As required by the our rules and regulation, the
12 first speaker will be a representative of Champaign County
13 Nursing Home, Mr. Anderson.

14 And then we'll take you in numerical order after
15 that. Thank you.

16 MR. ROATE: May I just add real quick, those of
17 you who did take a form, in the upper right-hand corner is a
18 number and that is the number in which you'll be speaking.

19 MR. ANDERSON: Good afternoon.

20 My name Van Anderson: V-A-N A-N-D-E-R-S-O-N.

21 I am a Temporary Special Projects Administrator
22 working for the Champaign County Administrative Services
23 Department.

24 The sale of the Champaign County Nursing Home was
25 authorized by the voters of Champaign County on April 4,

1 2017. And it was approved by the super majority of the
2 Champaign County Board members on May 24, 2018.

3 The path for this transfer of ownership stretches
4 back over two decades during which time the Champaign County
5 Board has struggled to maintain the quality of care,
6 management and financial viability of the nursing home.

7 The home's current financial situation has been
8 dire with an accounts payable total at the end of July
9 exceeding \$4.2 million with some unpaid vendor invoices as
10 old as February 2016.

11 If this transfer of ownership cannot be completed,
12 Champaign County will either close the home or be forced to:
13 One, assess severe budget cuts to all the County's mandated
14 services resulting in the loss of over 30 full-time
15 equivalent positions. Two, eliminate some mandated social
16 services and social justice programs. And three, cuts would
17 be assessed to the nursing home, resulting in physician
18 losses and the limitation of non-mandated nursing home
19 services.

20 Over the years the County Board has expended a
21 great deal of time, energy and resources trying to find a
22 way to manage the home. Due to the deteriorating financial
23 position of the home, the County Board approved operational
24 audits by a private consultant in 2006 and 2008 to help
25 identify changes to be made; appointed a seven-member board

1 of directors in 2008 to provide for the overall governance
2 and direction of the nursing home at a level not possible
3 for the County Board; hired a professional management firm
4 in 2008 to provide personnel highly trained and experienced
5 in business administration, management and compliance
6 services areas seen as deficient in the home at that time;
7 and in February 2013, to address the continuing
8 deterioration of the nursing home finances, The County
9 forgave over \$1.8 million in debt resulting from transfers
10 and loans from The County's general corporate fund, however,
11 these steps did not solve the financial problems of the
12 nursing home. And in the summer of 2016 The County began
13 investigating the full range of options for the future of
14 the home.

15 It was determined that the financial model was not
16 sustainable and the home would close without financial
17 relief, thus eliminating the status quo as an option.
18 Downsizing the resident population to reduce costs, leasing
19 the operation and closing were ruled out as possible actions
20 for various reasons.

21 Increasing the local sales tax to fund maintaining
22 county facilities, including the nursing home, was rejected
23 by the Champaign County voters in November 2016. That left
24 the options of increasing the nursing home property tax
25 levies and selling the nursing home as options to be

1 investigated by The County Board. Both options were put
2 before the voters of Champaign County during the April 4,
3 2017 consolidated election. The proposed increase in the
4 property tax rate to support the nursing home was rejected
5 by the voters and the voters authorized The County Board to
6 sell or dispose of the nursing home.

7 The following actions were taken by or on behalf of
8 The County Board leading to the permit for application
9 currently under review. Two independent evaluations of the
10 nursing home were obtained from leading national brokerage
11 firms specializing in housing for seniors, Institutional
12 Property Advisors, a division of the Marcus & Millichap was
13 hired to procure and vet prospective buyers, who are ready,
14 willing and able to purchase the nursing home on the terms
15 and conditions set forth by The County.

16 On January 9, 2018 The County Board released a
17 request for proposals for the sale, transfer or other
18 disposition of the nursing home. The RFP included terms and
19 conditions to protect the character of the nursing home, its
20 residents and its employees and to settle the debts of the
21 home.

22 The home was aggressively marketed nationally
23 resulting in 63 qualified buyers reviewing the marketing
24 memorandum financial and census data and pertinent property
25 information. However, only one proposal was submitted.

1 On April 23, 2018 the evaluation committee
2 appointed by the County Board after determining that the
3 proposal was responsible to the RFP and conducting a
4 comprehensive reviews of the proposal and the proposed
5 purchasers, recommended the proposal to The County Board for
6 its consideration.

7 On May 24, 2018 a super majority of the County
8 Board voted to authorize the sale of the Champaign County
9 Nursing Home.

10 Therefore, a great deal of time, energy and
11 resources have been expended by The County Board to ensure
12 that project number 18026 represents their preference of the
13 Champaign County voters and is in the best interests of the
14 nursing home, its residents and its employees.

15 The County Board expects that the resources
16 available to the new owners will provide greater expertise
17 in the management and operation of the facility and will be
18 able to take advantage of economies of sale not available to
19 the current operation resulting in the successful operation
20 of the home.

21 Thank you.

22 MR. ROATE: Mr. Anderson, may I have a copy of
23 your testimony?

24 MR. CONSTANTINO: Number one.

25 MS. GREEN: Hello. My name is Linda Green. And

1 I'm a medical secretary for a neurological practice, Midway
2 Neurological Consultants. And I drove three hours to come
3 here today to tell you what happened to our patient in a
4 nursing home related to your bidder that you want to sell
5 The County nursing home to.

6 G-R-E-E-N.

7 On July 9, 2017 in the evening our patient wasn't
8 given her sleeping pill. She had asked. They said it's too
9 late for that now. We're going to take you to a place
10 better suited for your needs. So, they load her up in a
11 van, the housekeeper of the nursing home and a social
12 worker, and that better place for her needs was a homeless
13 shelter in Chicago called Pacific Garden Mission.

14 Our patient has multiple sclerosis and other
15 collateral issues as a result of multiple sclerosis. She's
16 confined to a wheelchair.

17 So, you imagine yourself in the middle of the
18 night, you can't run. You're left outside a gate with only
19 your belongings and you're surrounded by a pack of men.
20 Ironically, one man outside, who was waiting to get into the
21 shelter, told her: You don't have to be afraid. You're
22 safe now. This is a homeless shelter.

23 When I discovered that she was in a shelter, along
24 with my boss, her neurologist, we got involved. Most
25 practices wouldn't have the time to do that, because we're

1 so overloaded with work, but the way we work in our
2 practice, we get involved with our patients and that is
3 called healthcare.

4 She went to the hospital, got checked out and
5 stayed there for a week. And finally, she is residing in,
6 what I would consider, a nice nursing home, very few of them
7 out there, believe me. I've been in a lot of them, very
8 few.

9 But to make matters worse, your bidder, who is
10 related to this nursing home, refused to send her belongings
11 to her new facility. She was left with just the clothes on
12 her back. The new facility had to give her underwear. She
13 only had one bra. So, I had to go to the Goodwill. My
14 mother also gave clothes.

15 I brought my mother, the pretty red-haired lady in
16 the back there in the middle.

17 And we -- my mother sewed in labels with her name,
18 because you know in nursing homes things can get stolen or
19 things can get lost.

20 That is the person who you want to sell the
21 family -- your county nursing home to. I can certainly
22 understand to -- the amount of debt and the problems
23 affiliated with your county nursing home, but you -- this is
24 a detrimental situation that you're putting the citizens of
25 Champaign County in.

1 And what's happened in Champaign County is
2 really -- is really what's happening nationally to every
3 nursing home out there, to the elderly. You think that this
4 bidder is going to take care of the citizens in this nursing
5 home?

6 So, I've battled, with all due respect, and am
7 still in the battle with the Illinois Department of Public
8 Health, because when I complained about the nursing home and
9 they sent their surveyor it was the most amateur
10 investigation I've ever seen in my entire life. So I
11 appealed.

12 In order to appeal you attend a preliminary
13 hearing. Before the preliminary hearing I got pulled aside
14 by the lawyer. And by the time the preliminary hearing
15 arrived he tried to place -- put a motion to put a financial
16 sanction against a secretary, who was stepping forward to
17 try to understand what the heck was going on in this nursing
18 home.

19 MR. ROATE: Three minutes.

20 MS. GREEN: Okay.

21 MR. ROATE: Number two.

22 MR. HILL: My name is Garrett Hill. G-A-R-R-E-T
23 H-I-L-L. I'm the Public Policy Director for the Champaign
24 County Chamber of Commerce. On behalf of our Board of
25 Directors and CEO, I wanted to thank you for allowing me to

1 speak today.

2 The Champaign County Chamber of Commerce is a
3 business organization in Champaign County represent nearly
4 1,000 businesses and over 5,000 employees. And today I'm
5 here to speak on their behalf.

6 As outlined by Mr. Anderson's testimony, The County
7 has demonstrated its due diligence. Elected officials are
8 mandated to be good steward of taxpayer dollars. To
9 continue to saddle a public body with the facility they are
10 not qualified to operate prohibits elected officials from
11 executing that mandate.

12 The path that has lead us here stretched over two
13 decades in which the Champaign County Nursing Home struggled
14 to maintain quality of care management and financial
15 viability. The nursing home has seen large ticket items in
16 the facility fail, such sufficient as needing to replace two
17 boilers. And the federal government declaring the building
18 to not be ADA compliant.

19 As of the beginning of September the nursing home
20 owes The County General Corporate fund roughly \$1.5 million.

21 As of July 2018 the accounts payable total for the
22 nursing home was over 4.2 million with unpaid invoices as
23 old as February 2016.

24 Selling to a private entity is in the best
25 interests to everyone involved. The residents and employees

1 deserve more certainty, which is why we support selling the
2 home to a private owner.

3 We continue to encourage The Board and Extended
4 Care Clinical LLC and Health Services to be good stewards of
5 the residents, the employees and the taxpayers when the sale
6 is finalized. Thank you.

7 MR. ROATE: Speaker number three.

8 MR. FIELDS: My name is Beldon, B-E-L-D-O-N,
9 Fields, F-I-E-L-D-S.

10 I'm the Chair of Friends of Champaign County
11 Nursing Home.

12 We are very much against selling to this particular
13 firm. I appreciate the second speaker before me. Alarms
14 went up immediately when we found that, in fact, three of
15 the people, same name as the proposed buyer here, were on
16 the list of the ten worst nursing homes in the Chicago area.
17 That was in the Chicago Reader.

18 Secondly, we're very concerned about the
19 organizational structure of where sometimes they own the
20 nursing home, sometimes they only own the building or the
21 land and they claim that they're not responsible for its
22 tenants, who are responsible for this. They seem to have a
23 different corporation for each of the homes which limits
24 their liability.

25 We're also just as concerned as the first speaker

1 just before me mentioned, LPNs, but they didn't mention RNs,
2 that's because they made it very clear their intention is to
3 get rid of RNs, that the LPNs can do it all.

4 We are very much opposed this. We don't think it's
5 fair to the people who are in that home and who are going to
6 be in that home to be subjected to a home with the kind of
7 performance we just heard about and are not surprised by.

8 The final thing is I find it very interesting that
9 they want to call it the University Nursing Home. Doesn't
10 seem to me to be quite kosher, because doesn't it sound like
11 they're a part of the university? I'm not surprised by that
12 tactic, not at all.

13 We are against the sale to this particular proposed
14 buyer. Thank you.

15 MR. ROATE: Thank you.

16 Speaker number four?

17 MR. HURLEY: My name is Dan Hurley, D-A-N
18 H-U-R-L-E-Y. I'm the Chairperson for the Public Policy
19 Committee of the Champaign County Chamber of Commerce, as
20 Mr. Hill stated, I represent many businesses in Champaign
21 County.

22 I have a few comments I would like to make as it
23 pertains to the sale of the nursing home and the impact of
24 the financials, some of which have been stated, but I'd like
25 to make a few more points.

1 If the sale is not completed, The County will be
2 forced to look into severe budget cuts and this will be to
3 all mandated services, which could lead to the loss of at
4 least 30 full time positions, while all also eliminating
5 non-mandated social services.

6 The financial struggles are already affecting other
7 services. Because The County entities are tied together by
8 an electric supplier a disconnect order was issued to the
9 Champaign County Animal Control due to nonpayment of bills
10 since September of 2017.

11 Champaign County has two paths going into the
12 future, two different budget realities, one where the home
13 is sold and allows for departments to continue to meet
14 mandated requirements of county government; and another
15 where the home remains a county entity forcing cuts to
16 social services and non-mandated programs while also looking
17 at personnel reductions in mandated services, such as police
18 and infrastructure.

19 Selling to a private entity would be in the best
20 interests of all involved. The residents and employees
21 deserve more. They deserve more certainty, which is why we
22 support selling the home to a private owner.

23 We continue to encourage The Board and Extended
24 Care Clinical, LLC and Altitude Health Services to be good
25 stewards of the residents, the employees and of the

1 taxpayers once the sale is finalized. Thank you.

2 MR. ROATE: Speaker number five.

3 MR. HALE: My name is Robert Hale, R-O-B-E-R-T
4 H-A-L-E.

5 Thank you for this opportunity to give input.

6 I'm opposed to the sale of Champaign County Nursing
7 Home to Mr. Rothner and his companies.

8 I've followed the County's process to try to sell
9 the nursing home. And I have reviewed the search and
10 information compiled by a couple of different organizations
11 in our community. As a result, I decided to go look at some
12 of Mr. Rothner's nursing homes myself. I was not impressed.

13 The nursing homes I visited owned by Mr. Rothner's
14 Extended Care Clinical Company appear to be understaffed and
15 patients unsupervised. I frequently smelled the strong odor
16 of urine.

17 Champaign County should go back to the drawing
18 board and try to find a different buyer to purchase our
19 nursing home.

20 I believe that under Mr. Rothner's ownership the
21 quality of care of our nursing home will be diminished and
22 Champaign County residents who have paid property taxes to
23 support our nursing home will suffer as a result. Thank
24 you.

25 MR. ROATE: Speaker number six?

1 MS. MICHAELS: My name is Diane Michaels.
2 D-I-A-N-E M-I-C-H-A-E-L-S. And I'm the Champaign County
3 Auditor.

4 I know that it's been tough. It's a head and a
5 heart decision that's been tough on all of us. However,
6 with the outstanding AP balance what it is and climbing
7 every month by at least \$100,000, it becomes more and more
8 difficult to do a balancing act.

9 Today we barely made the payroll again and that's a
10 very difficult thing to say to the people that are working
11 there.

12 It's very important that we don't tax the general
13 fund for this. There are mandated services out there. I
14 live in the unincorporated area, so I understand what those
15 mean to me and the people that are in my neighborhood.

16 It's very important also, that we try to maintain
17 some social services that have been successful: \$20,000 to
18 the Youth Assessment Center; \$100,000 to the Reentry
19 Program, those have been very successful in our community
20 and are also important. And it's very tough to find the
21 balancing act, but these are things that have a proven
22 record for our community to keep people out of the cycle of
23 the criminal justice program.

24 It's very hard to absorb the nursing home's
25 financial losses every year. If we do that, and we maintain

1 this home, it not only cuts the staff, as you all have
2 heard, 30 to 35 people, but we also have to have it across
3 the board eight percent cut and cut to mandated services,
4 that's very difficult.

5 The money you heard that are going to the social
6 services and justice programs at this point, that's only a
7 mandate that only lasts three months. It's been running
8 about 100,000 a month. There are some very shocking things
9 that have to be paid by the general corp to maintain the
10 items that we feel are important to our staff. So, that is
11 also very important.

12 We already have lowered our staff through years and
13 year of attrition. I can remember in 2012 there was a big
14 cut. Having been on The Board for eight years prior, there
15 was a huge cut. We actually have less staff than our
16 counterparts in our surrounding area within the state.

17 And we have worked very diligently to keep it at a
18 low cost so we can maintain the home and maintain it to the
19 standard of which we feel is appropriate.

20 Cuts will mean degradation of service to the public
21 provided by offices and it will slow the response time in
22 the rural areas by law enforcement, first responders. There
23 will be a backlog in both civil and criminal cases managed
24 by the county's justice system place in processing items and
25 services for citizens that are mandated services once again,

1 real estate transactions, obtaining birth, death, marriage
2 certificates, autopsy reports with your coroner's, area
3 zoning enforcement and other services that are provided by
4 The County that maybe we don't use, but there are people
5 that do.

6 Finally, as the nursing home continues to operate
7 as a county owned facility it will also be required to cut
8 non-mandated services that operate at a cost to The County,
9 including the beauty shop, adult daycare program, additional
10 activities and programs that are currently being provided by
11 the home. It's not the general fund that will be cut. It
12 will be the nursing home that will be cutting services too.

13 MR. ROATE: Thank you.

14 MS. MICHAELS: Thank you, sir.

15 Clearly, we need to go forward with the sale.

16 MR. ROATE: Speaker number seven.

17 MS. LENNHOFF: My name is Claudia, C-L-A-U-D-I-A,
18 Lennhoff, L-E-N-N-H-O-F-F.

19 Thank you for this opportunity to give input.

20 Champaign County Healthcare Consumers is a
21 community based consumer advocacy organization that was
22 established in 1977. We provide direct services to clients,
23 including people who are having problems with the healthcare
24 system, including people who are having difficulties in
25 nursing homes.

1 Healthcare Consumers is opposing the sale of the
2 Champaign County Nursing Home. We're opposing the sale to
3 William Rothner and his company.

4 This past spring we researched the nursing homes
5 that the Rothner Family owned under two different companies:
6 Extended Care Clinical and Altitude Health. These are the
7 two companies that jointly submitted the bid to purchase our
8 nursing home. We reviewed IDPH quarterly reports and
9 Medicare reports. We're well aware of the type A and type
10 AA violations of the homes of these -- under these two
11 companies.

12 However, now that the sales transaction is actually
13 taking place, Mr. Rothner has created two new companies for
14 this purchase. The certificate of need application shows
15 Mr. Rothner as a sole manager of University Rehab Real
16 Estate and University Rehabilitation Center of C-U. These
17 corporations were formed on August 17, 2018. It appears
18 that by virtue of creating two brand new companies to own
19 and operate the nursing home Mr. Rothner is able to avoid
20 scrutiny of a history of adverse action by the state or
21 federal government against nursing homes owned by his other
22 companies.

23 As part of this CON application Mr. Rothner has
24 submitted signed certifications saying that his brand new
25 companies have not had adverse action taken against any of

1 the homes they own, because of the fact they do not own
2 homes yet. There's, obviously, no history of adverse
3 action, because there is no history of operating any nursing
4 homes.

5 Champaign County Healthcare Consumers will share
6 our research findings with the review board, as we have done
7 the public.

8 Again, we are opposed to the sale of the nursing
9 home to Mr. Rothner, because we do not want to see the
10 quality of care at the Champaign County Nursing Home suffer
11 as a result of a change in ownership to this particular
12 buyer.

13 We believe that the review board should require
14 Mr. Rothner to provide information about his various
15 companies and any adverse actions taken by the state or
16 federal government against the homes under those companies.

17 It is true that the county nursing home has
18 suffered significant financial hardship. And this was in no
19 small part as result of the State of Illinois not having a
20 budget for two years and the resulting lag of time and
21 Medicaid payments and processing of Medicaid applications
22 and we went deeper in the hole.

23 The State is starting to pay some bills. The
24 Medicaid reimbursement at the home is up compared to what
25 was put in the application. However, even as the nursing

1 home's financial picture might improve slightly, The County
2 may still decide that the nursing home needs to be sold. If
3 so, so be it, but hopefully, they could be on better footing
4 and attract a more appropriate buyer than this one. Thank
5 you.

6 MR. ROATE: Speaker number eight.

7 SPECTATOR: He is not present.

8 MR. ROATE: Speaker number ten?

9 MS. WYSOCKI: My name is Barbara Wysocki,
10 B-A-R-B-A-R-A W-Y-S-O-C-K-I.

11 I served on the county board for 12 years and as
12 its chair for two, but I do want to offer a disclaimer that
13 I'm here as a private citizen. I am not representing the
14 current board or any past boards, but I do have contacts
15 with those individuals and certainly, with county
16 government, even though I am no longer on the board.

17 My term was focused very much on the nursing home
18 from its -- from the decision of The Board to vacate the old
19 facility to the construction and occupation of the new one.
20 Some of the concern of both past and present County Board
21 members and the public at large with the sale of the nursing
22 home is centered on the issue of providing ongoing care to
23 the elderly and the indigent Medicaid residents in this
24 community.

25 County Board members also have concerns regarding

1 the protection of the rights of the work force who have
2 provided the care and services to the nursing home
3 population over the years.

4 To address these concerns the RFP and the resulting
5 conversation for the state of the nursing home require that
6 the buyer agree to the following terms and conditions: One,
7 the buyer is required to continue to operate the nursing
8 home as a 220 nursing home bed facility with 50 percent of
9 the beds primarily served and certified for Medicaid managed
10 eligible participants. The buyer is also to set a priority
11 for admissions and that notice be given to Champaign County
12 residents. All these terms must remain in effect until
13 December 31, 2027.

14 Number two, when the buyer takes over the operation
15 of the home, the current residents of the nursing home have
16 the right to remain at the facility as long as they desire
17 and as long as they remain eligible to receive care at a
18 skilled nursing facility level of care.

19 Three, the buyer is required to assume the
20 collective bargaining agreement.

21 Four, the buyer is required to provide employees
22 with salary and benefits that are substantially similar to
23 what they currently have with Champaign County.

24 And five, the buyer is required to rehire all the
25 current employees at the facility on the closing day who

1 pass a background check. They cannot terminate ten percent
2 or more of the current employees within the first 60 days
3 following the closing date. And they cannot terminate
4 20 percent or more of the current employees during the first
5 six months after the closing date.

6 It was the belief of many that these terms and
7 conditions were onerous and discouraged many companies from
8 responding to this RFP. However, The County does have a
9 buyer who has agreed to these terms and conditions. By this
10 agreement, the buyer indicates a willingness to make the
11 same commitment to the employees and the residents who have
12 concerns at the Champaign County Nursing Home as the
13 commitment they receive when functioned as a county home
14 facility.

15 Thank you.

16 MR. ROATE: Speaker number 12?

17 MR. WELCH: My name is Dan Welch, D-A-N W-E-L-C-H.
18 I've worked in the Champaign County Treasurer's office for
19 44 years, the last 19 as treasurer. I retired at the end of
20 2017.

21 I'll provide a brief historical review of nursing
22 home finances to give you a better idea of how we got here.

23 When I was first elected in 1998 the nursing home
24 had a history of solid cash balances. They also had, at
25 that time, a depreciation fund of nearly \$900,000.

1 The first indication of trouble was in 2002 when
2 the home started to dip into the depreciation fund for
3 operating revenue. By 2005 the depreciation fund had been
4 depleted and the home came to the County Board in need of
5 operating funds.

6 Between 2005 and 2008 the board approved
7 non-budgeted transfers and loans totaling nearly
8 \$3.7 million to keep the home afloat. Another 1.5 million
9 in loans were made between 2016 to 2018. Those transfers
10 and loans came at the expense of The County's general
11 operating fund, wiped out our fund balance and put us in
12 jeopardy of meeting our own expenses, it nearly brought down
13 the entire house. Tough budget cuts in the general fund
14 were enacted by The County to recover our fund balance.

15 Had the nursing home been a private business, they
16 would have been in bankruptcy and closed by 2009.

17 In 2005 to today non-budgeted transfer loans to the
18 home have totaled \$5.2 million. Only one million was
19 actually paid back. The Board wrote off or forgave all but
20 \$1.385 million. This represents outstanding loans.

21 Nursing home vendors continue to finance the
22 operation of the home by carrying large amounts of unpaid
23 bills. The home still has cash flow issues. It required
24 eight loans to meet payroll costs in the first eight months
25 of this year. To date there's been no credible financial

1 plan developed to fix the problems. These long-term issues
2 cannot be allowed to persist.

3 It is my opinion that if the home stays in The
4 County's control it will be forced to proceed with the legal
5 process of closing, that would be the worst possible
6 outcome.

7 I've made dozens of presentations to The County
8 Board with various concerns with regard the finances of the
9 home. The sale of the nursing home is the best possible
10 solution both for the residents of the home and The County.
11 The families of the residents deserve certainty regarding
12 the care of their loved ones. Champaign County has proven
13 in the last 16 years it is not able to provide that
14 certainty. I hope that this Board will approve the request
15 for certificate of need and allow the transfer of ownership
16 from Champaign County to Altitude Health Services and
17 Extended Care Clinical. Thank you.

18 MR. ROATE: Thank you.

19 Speaker number 14?

20 MR. LANSFORD: Good afternoon. My name is Charles
21 Lansford, C-H-A-R-L-E-S L-A-N-S-F-O-R-D.

22 For decades leading up to the year 2008 the
23 Champaign County Nursing Home was operated by the Champaign
24 County Board, who employed a single administrator to run the
25 home.

1 In spite of a voter approved property tax to
2 support the nursing home's operation in 2002, by 2008 The
3 County Board was faced with a nursing home operation that
4 had annual operating losses of approximately \$1 million per
5 year.

6 The operational model of oversight by a 27 member
7 elected County Board with no expertise in long-term care
8 industry and all administrative responsibility falling to a
9 single individual with no corporate support or backup in
10 that long-term care industry was a model that was failing.

11 To address these issues in 2008 The County Board
12 adopted a new operational model to run the nursing home.
13 The County Board approved an advisory board of directors to
14 provide board level oversight for the operation of the
15 nursing home. The County Board determined that the seven
16 member advisory board of directors would be comprised of
17 individuals from within the community with expertise in
18 specific areas of professional management, including
19 healthcare, finance, human resources and marketing expertise
20 to provide better oversight for the operation of the nursing
21 home.

22 I had the privilege of serving as the first chair
23 of that advisory board. After an extensive review of the
24 operations of the nursing home, identified multiple
25 management deficiencies, the advisory board recommended and

1 The County Board hired a professional management company
2 with expertise in the long-term care industry to provide
3 business management oversight for day-to-day operations.

4 This new model provided some improvement in the
5 first few years in which it took place. However, this model
6 has now been in place for ten years. And after engaging to
7 different management companies for business management
8 services and a number of well-qualified and engaged members
9 of the community serving on the advisory board of directors,
10 the nursing home operation continues to be an ongoing
11 financial failure.

12 Perhaps the flaw in this model is the fact that the
13 business manager is not the owner and so, does not operate
14 with the same level of vested interest in outcomes that an
15 owner might. The advisory board of directors is just that,
16 advisory. Meaning it is not in the position to affect
17 outcomes that a true board of directors with full authority
18 might be able to accomplish.

19 The limitation that causes these failures rests
20 with the fact that the nursing home is ultimately owned by
21 the Champaign County Board, a governmental body without
22 institutional capacity and knowledge to own and run a
23 long-term skilled care nursing facility in today's highly
24 regulated and challenging environment.

25 Thank you.

1 MR. ROATE: Thank you.

2 MR. CONSTANTINO: Is there anyone else that would
3 like to provide public comment?

4 (No response.)

5 MR. CONSTANTINO: Anyone?

6 (No response.)

7 MR. CONSTANTINO: Okay. This session is closed.

8 We will begin again at 5 o'clock.

9 (Session adjourned at 2:45 p.m.)

10 (Recess.)

11 SECOND SESSION BEGAN AT 5:00 P.M. AS FOLLOWS:

12 MR. CONSTANTINO: Good afternoon. We're going to
13 start session two of this public hearing.

14 My name is Mike Constantino. I work for the
15 Illinois Department of Public Health; with me is George
16 Roate, who also works for the Illinois Department of Public
17 Health. And Courtney Avery is sitting in the hallway, she
18 is the Administrator of the Illinois Health Facilities and
19 Services Review Board.

20 This begins session two of our public hearing. I
21 won't read into the record my opening comments in session
22 one, but I just want to remind you of the rules.

23 Please, when you come up here to speak, say your
24 name and pronounce it loudly and spell it. Okay.

25 You'll be called by number. George will read out

1 the number and you will be called to speak.

2 Please, give us your copy of your speech and we'll
3 put that into the record, as well as your transcribed
4 speech.

5 I don't have anything else to say. So, if
6 Mr. Anderson would like to come up and begin the session
7 we'll start.

8 MS. ANDERSON: Thank you.

9 Good evening my name is Van Anderson, V-A-N
10 A-N-D-E-R-S-O-N.

11 I'm a Temporary Special Project Administrator
12 working for the Champaign County Administrative Services
13 Department.

14 The sale of the Champaign County Nursing Home was
15 authorized by the voters of Champaign County on April 4,
16 2017.

17 And it was approved by a super majority of the
18 Champaign County Board members on May 24, 2018.

19 The path to this transfer of ownership stretched
20 back over two decades during which time the Champaign County
21 Board has struggled to maintain the quality of care,
22 management and financial viability of the nursing home.

23 The home's current financial situation has become
24 dire with an accounts payable total at the end of July
25 exceeding \$4.2 million with some unpaid vendor invoices as

1 old as February 2016.

2 If this transfer of ownership cannot be completed,
3 Champaign County will either close the home or be forced to:
4 One, assess severe budget cuts to all The County's mandated
5 services resulting in the loss of over 30 full time
6 equivalent positions; two, eliminate non-mandated social
7 services and social justice programs; and three, cuts would
8 be assessed to the nursing home resulting in position losses
9 and the elimination of non-mandated nursing home services.

10 Over the years The County Board has expended a
11 great deal of time, energy and resources trying to find a
12 way to successfully manage the home. Due to the
13 deteriorating financial position of the home, The County
14 Board approved operational audits by a private consultant in
15 2006 and 2008. To help identify changes to be made,
16 appointed a seven member board of directors in 2008 to
17 provide for the overall governance and direction of the
18 nursing home at a level not possible for The County Board.
19 Hired a professional management firm in 2008 to provide
20 personnel highly trained and experienced in business
21 administration management and compliance services, areas
22 seen as deficient in the home at that time.

23 And in February 2013 to address the continuing
24 deterioration of the nursing home finances The County
25 forgave over \$1.8 million in debt resulting from transfers

1 and loans from The County's general corporate fund.
2 However, these steps did not solve the financial problems of
3 the nursing home.

4 And in the summer of 2016 The County began
5 investigating the full range of options for the future of
6 the home. It was determined that the financial model was
7 not sustainable and that the home would close without
8 financial relief, thus eliminating status quo as an option,
9 downsizing the resident population to reduce cost, leasing
10 the operation and closing were ruled out as possible actions
11 for various reasons.

12 Increasing the local sales tax to fund maintaining
13 county facilities, including the nursing home, was rejected
14 by the Champaign County voters in November 2016. That left
15 the option of increasing the nursing home property tax
16 levies and selling the nursing home as options to be
17 investigated by The County Board.

18 Both options were put before The County voters of
19 Champaign County during the April 4, 2017 consolidated
20 election. The proposed increase in the property tax rate to
21 support the nursing home was rejected by the voters and the
22 voters authorized the County Board to sell or dispose of the
23 nursing home.

24 The following actions were taken by or on behalf of
25 The County Board leading to the permit for application

1 currently under review. Two independent evaluations of the
2 nursing home were obtained from leading national brokerage
3 firms specializing in senior housing. Institutional
4 Property Advisors, a division Marcus & Millichap, was hired
5 to procure and vet prospective buyers, who were ready,
6 willing and able to purchase the nursing home on the terms
7 and conditions set forth by The County.

8 On January 9, 2018 The County Board released a
9 request for proposals for the sale, transfer or other
10 disposition of the nursing home. The RFP included terms and
11 conditions to protect the character of the home, its
12 residents and its employees and to settle the debts of the
13 home.

14 The home was aggressively marketed nationally
15 resulting in 63 qualified buyers reviewing the marketing
16 memorandum, financial and census data and pertinent property
17 information. However, only one proposal was submitted.

18 On April 23, 2018 the evaluation committee
19 appointed by The County Board after determining that the
20 proposal was responsive to the RFP and conducting a
21 comprehensive review of the proposal and the proposed
22 purchasers recommended the proposal to The County Board for
23 its consideration.

24 On May 24, 2018 a super majority of The County
25 Board voted to authorize the sale of the Champaign County

1 Nursing Home. Therefore, a great deal of time, energy and
2 resources have been expended by The County Board to insure
3 that project number 18026 represents the preference of the
4 Champaign County voters and is in the best interests of the
5 nursing home, its residents and its employees.

6 The County Board expects that the resources
7 available to the new owners will provide greater expertise
8 in management and operation of the facility and will be able
9 to take advantage of the economies of scale not available to
10 the current operation, which will result in successful
11 operation of the home.

12 Thank you.

13 MR. ROATE: Thank you.

14 May I ask number 11? Please, come take the stand.

15 MS. WATKINS: Hello my name is Julie Watkins,
16 J-U-L-I-E W-A-T-K-I-N-S.

17 I would like to thank you for allowing me to make
18 comments.

19 I'm going to make a comment about the comments I
20 listened to previously, who are in support of this sale.
21 It's too much. My opinion, in the past, I have a voice. It
22 wasn't really addressing the root causes. Things happen
23 and -- and so on. And you're giving an impression that you
24 want to be rid of a problem, rather -- and -- and you're
25 trying to avoid responsibility, because you have no choice.

1 There is no alternative.

2 And so, what you have to do is risk patient safety,
3 throw that under the bus, even though there's all these very
4 legitimate warnings about the track record of the only
5 person or the only company that has made a bid.

6 And then the system, these hearings and everything
7 else, where you're going in this long process you seem to
8 have you're -- you're trying to do all of this stuff to --
9 to have an appearance that you're doing the right thing, but
10 you're avoiding taking responsibility and avoiding taking
11 leadership.

12 I have been, as a member of this community, to so
13 many meetings and hearings where the police or the sheriff
14 would stand up to be first in line to get the money. Even
15 our -- this community, our tax dollars go to the state, they
16 go to the national, and not enough comes back, because the
17 national is spending on war and the state is spending too
18 much on partial matters.

19 And we have got these mandated services that they
20 say here in this county and too much of it, I believe, is
21 we're being over-policed, because rich people don't like
22 being scared of poor people. And the services seem to
23 get -- most of it seems to go to the people who already have
24 money.

25 So, I would ask you for leadership and to listen to

1 the warnings of the people who have said that this company
2 can't be trusted. So, yes, there's going to be a financial
3 risk, but you should have leadership and deal with that,
4 rather than putting too much risk to the patients and the
5 community, who may need those services, and to the workers,
6 who are already there trying to do their best to help the
7 people.

8 So, and the last thing: When you're talking about
9 that the nursing home isn't -- is losing money, I don't see
10 that the police are demanded that they don't lose money.
11 They get tax money without repercussions. The nursing home
12 is insurance for the whole community, and maybe we won't
13 need it, but I'm sure glad it's there. And don't take it
14 away. Don't risk it. Thank you.

15 MR. ROATE: Thank you.

16 Number 13, please?

17 MS. GREEN: Linda Green L-I-N-D-A G-R-E-E-N.

18 I'm going to pick up from where I left off at the
19 earlier session.

20 I am a medical secretary for Lake Cook Neurological
21 Consultants and drove three hours to attest to the type of
22 establishments that your bidder runs.

23 Our patient, who was residing in this particular
24 facility on the south side of Chicago before they rudely
25 dumped her in middle of night.

1 SPECTATOR: I think you're too close to the
2 microphone.

3 MS. GREEN: Stated -- stated the following: Nurses
4 sleeping on the job, residents screaming, no nurses coming.
5 The nurses and staff are sick of their job.

6 Our patient, who has multiple sclerosis has a
7 speech impairment, they said she sounded like she was drunk.
8 Then they said that her MS is contagious.

9 Well, just so all of you know, multiple sclerosis
10 is not a contagious disease.

11 The staff took pictures of people with dementia
12 with their phones and would laugh.

13 Our patient wanted to intervene, but she says she
14 was afraid of the ramifications. She did not want a shot.
15 She did not explain what that shot was.

16 You have to beg for a shower. They would ask: Is
17 it your day? If it's not your day, then you don't get a
18 shower. If it was your day and you asked for a shower, they
19 would come back: Well, the nurse isn't here. So, you can't
20 get your shower.

21 One time our patient went without showering for two
22 weeks. I can attest that she had an odor to her when she
23 came to your office. Her hair was filthy. Her clothes were
24 musty.

25 Staff workers would make fun of the residents

1 saying they smelled. Our patient did intervene one day and
2 said that: Well, if we got a shower every day we wouldn't
3 smell. She couldn't help herself. The worker said: Shut
4 up. Mind your business. This does not concern you.

5 In a recent Illinois Department of Public Health
6 Survey in April 2018 it was noted in this nursing home that
7 loose pills were in these dirty, filthy dusty drawers in the
8 facility. It was noted people were residing in soiled
9 clothes for hours, some of them for days, long fingernails,
10 not shaven.

11 I mean, what kind of facility is this bidder
12 running? It's certainly not the healthcare. These are
13 slums. Those are unlivable conditions.

14 Grasmere Place, another facility your bidder owns
15 with a lot of other people, because there's big money in
16 this industry, big money. I happen to discover pictures on
17 the internet taken by some insider, four people -- about
18 four people sleeping on the job, chipped paint, dirty floor,
19 was depressing and hopeless. This is your bidder.

20 Again, I am not disputing the fact that your county
21 nursing home has lost millions of dollars. I understand it,
22 but by God, try to find somebody with a reputable -- a
23 reputable business.

24 It's clear, Tribune has reported on this family.
25 The Illinois Department of Public Health looks through the

1 records, through your medical records, ironically they never
2 get fined. All right. They never get fined. When the dump
3 our patient, zero dollars.

4 This latest survey in April by the Illinois
5 Department of Public Health: A big fat zero. These guys
6 know how to make money off of doing nothing for the
7 patients.

8 With all due respect to everyone here, I do not
9 feel that the Illinois County Board or the Illinois
10 Department of Health Licensing Board has -- should have the
11 privilege of deciding what happens to the elderly and
12 disabled in the Champaign community.

13 As soon as this hearing is over I will be reaching
14 out to the federal government like I did before. And I got
15 a response from one of President Trump's administration
16 members in five days. And while I moved a little step
17 forward, I will take this further to get federal notice of
18 what's happened in this county. It's despicable. And I
19 would say this right to those owners of what they found,
20 because I know exactly what they're doing. Thank you so
21 much.

22 MR. ROATE: Thank you.

23 Speaker number 15?

24 MR. LAKER: I'm David Laker, L-A-K-E-R.

25 My interest in a nursing home is my wife. She's in

1 the nursing home.

2 I realize disposal of a nursing home has been the
3 number one thing to The County Board for at least the last
4 four years that I've been associated with the nursing home.
5 And they kind of got that mechanism under way. So now we're
6 in the position of where the state is kind of the buyer, as
7 it were, because it's determined about whether they
8 determined to do their due diligence on whether this nursing
9 home firm is a reliable, forthright, functioning entity.

10 I hate to deal in hearsay, but possibly, I think
11 our whole society today is built on that, so I'll just go
12 with it.

13 I have to rely on several people that have visited
14 several of the nursing homes that were owned by this firm
15 and what they tell me is it is not a nice place or nice
16 places. And they're -- to some extent they've been involved
17 in, I don't know the total range of operations that they
18 have, but it's numerous states, but they have had bad
19 relations and some of the states have asked them to leave:
20 New York, Indiana, I don't know, maybe Wisconsin, but
21 there's been some -- some bad, bad stuff. I don't know,
22 personally, how viable that is. The people that I have
23 talked to, I am sure that what they told me was the truth.

24 Now, I look at this nursing home firm as kind of
25 like breakfast. You know, the chicken and the pig are

1 involved in breakfast. The chicken's just involved. The
2 pig is committed. Once we commit to this nursing home,
3 they're stuck with it or at least until they flip it, which
4 I think that they'll probably do in two or three years, but
5 that's neither here, nor there.

6 What I'm really interested in is the quality of
7 care that Sue gets. Also, I'm leery about private
8 enterprise handling a thing like a nursing home. The
9 private enterprise is what this country is built on, but in
10 the medical industry, it seems like there's a bad history
11 whether things work right or they do not.

12 I am not willing to go along with -- I mean, the
13 sale of the nursing home is probably something that we have
14 to do. I'm not sure that we have to sell it to this
15 company. I've been in private business myself and I hate to
16 say something against a company that's built up, especially
17 one around a family enterprise, but in this instance, it
18 doesn't feel good to me, doesn't look good to me, and
19 therefore, my responsibility to Sue and to you people and to
20 my wife is to present my feelings in this matter.

21 I trust the State Board and it's representatives to
22 do their due diligence on this firm and whether what they
23 report is factual and accurate.

24 The County Board that viewed a nursing home owned
25 by this firm in Northern Illinois and were shown a crown

1 jewel. It was a nice home. It was clean and sparkling.
2 But I suspect from what I've been told that is not the norm.
3 Thank you for your time. Have a good day.

4 MR. ROATE: Thank you.

5 May I ask speaker number 16 to approach the podium,
6 please.

7 MR. TAPLEY: I'm Scott Tapley, S-C-O-T-T
8 T-A-P-L-E-Y. I'm usually dressed more like a banker.
9 Tonight I've got the bowling custom on, because I've got the
10 bowling league in half an hour.

11 I used to be on the Champaign County Board. And in
12 2002 when the referendum passed to build the current
13 building I was on the board. Those referendums passed with
14 60 plus percent of the vote. So, it's not like this
15 community hasn't supported the nursing home, isn't
16 sympathetic to owning one and desires of having one.

17 While I was on The Board, even before it opened,
18 there were all kinds of problems. There were construction
19 delays. There were mold issues. There was costly mold
20 remediation that happened. And within a very short period
21 of time, even with that million dollar a year subsidy, the
22 nursing home started losing money. The \$2 million fund
23 balance that existed in 2002 was completely gone and we were
24 already starting to bail out, that Van mentioned earlier,
25 gifts, loans became bail out, whatever you want to call

1 them. There are other people here tonight that are going to
2 talk in more detail about the financial losses.

3 I want to kind of emphasize how critically
4 important I think it is to move forward with the sale. I
5 think if we don't sell the nursing home right now it's going
6 to be an absolute disaster for the taxpayers, for the
7 nursing home residents and the families, for the nursing
8 home employees and even the other county employees.

9 There's been a lot of preparation for this
10 transaction that would go down the tubes and worse yet, I
11 think what you do is you could cast a cloud of doubt over
12 the County's ability to ever get out from under the
13 financial obligation of the nursing home and ever complete a
14 sale of the project.

15 I once was in a somewhat similar situation
16 desperately needed to sell my house, because I was moving to
17 a new job out of state in December of 2007. And that was,
18 if you recall, as the housing industry was imploding right
19 before the global financial crisis that ensued, because of
20 our housing market implosion. And I sought out a friend,
21 who is real estate agent, who I felt I could trust to give
22 me good advice on the sale and what I should do. And he
23 told me, he said: -- he said a couple of things. He said:
24 You're probably going to be lucky to even get an offer. And
25 he said: The advice I give you you're probably not going to

1 like. He told me you just need to do it and -- but he told
2 me, he says: You're going to get an offer. If you get one,
3 and it's going to be a lousy offer. And he says: It's
4 probably going to make you throw up in the back of your
5 mouth, but you need to take it, because I don't care what
6 this is, I don't care what the offer is you get, you need to
7 say: Yes and sign on the dotted line and get out of it.

8 He was right. I got an offer. It was a lousy
9 offer. I took the offer. And he was also right that I was
10 very glad I did, because the very next day four for sale
11 signs went up within a block of my house and all of them got
12 a lot less than I got for my house.

13 Now, I think about the only difference between my
14 situation then and the County's now is that the County's got
15 a good offer, an outstanding offer. I was shocked. I'm
16 being honest. I am a financial analyst for my profession.
17 I was shocked that they got an \$11 million bid. He said
18 they were going to use the top end of the range of values
19 that a consultant suggested they might get as the floor for
20 what they were going to accept. I thought that was absurd.
21 And so, I think the County's in a position that they need to
22 take the money and run.

23 And one last point I think I want to make is just
24 that The County has really done every ounce of due diligence
25 it could possibly be done, could possibly expected to be

1 done. They've brought two different tax increase
2 referendums in front of voters. Those are voters, like I
3 mentioned before, that are very open to supporting a nursing
4 home operation. In the past they've supported two
5 referendums 60/40, the other one was almost 65/35. Both of
6 the recent referendums failed. And I think that tells you
7 the sea change of that's occurred with the public around
8 here. And it's just a long saga of year after year after
9 year of losses, deteriorating ability of The County to
10 manage it properly, provide good care.

11 And I think the best thing that can be done for the
12 taxpayers, for the residents, their families, The County
13 employees, the nursing home employees, is to sell it to a
14 firm that can do a better job of operating it than The
15 County has.

16 And you know, my biggest concern, last point I'll
17 make, is that if it -- if it doesn't sell right now, I think
18 you cast doubt of whether they can ever get it sold. And I
19 think before they even got an opportunity to try to start
20 another sale transaction I'm concerned that it would just
21 close abruptly, because vendors are going to stop doing
22 business with The County. I don't know how long you can
23 expect people to continue to work without getting paid. And
24 I think a lot of them have continued to work with The County
25 now, because they see a light at the end of tunnel. If we

1 turn off that light and nix the transaction I think it could
2 be game over and we could have people out on the streets
3 overnight. Thanks.

4 MR. CONSTANTINO: Thank you.

5 MR. ROATE: Thank you.

6 May I ask speaker number 17 to approach the podium.

7 MS. SHULTZ: Hi. My name is Mary Shultz,
8 S-H-U-L-T-Z.

9 I came tonight, because I was concerned there would
10 be a one-sided turnout. And your committee not being local,
11 I wanted to give you some historical perspective.

12 I love the idea of The County own nursing home. I
13 love the idea of a nursing home that doesn't have to make a
14 profit. It isn't motivated to make a profit. A home that
15 will take the most in need of care, that would exhaust the
16 resources of some of these for-profit nursing homes.

17 My mother is a resident of Champaign County Nursing
18 Home. And I hope you will allow the sale to go through.

19 Some history on our situation: In my opinion, we
20 blew it. Maybe if we had better managed our home over years
21 we wouldn't be here today, but unfortunately, we did not.

22 For years I attended the monthly meetings of our
23 nursing home advisory board. The meetings were frustrating
24 beyond belief and some of you know that, because you were
25 there with me.

1 The management company that was hired to run the
2 home for years subcontracted most of the departments within
3 the home: Laundry, food service, therapy. And over years a
4 large portion of our staff was supplied by temporary
5 agencies. All those subcontractors were for-profit
6 companies. This choice by our for-profit also subcontracted
7 management company eliminated the advantage of being a
8 nonprofit. This was allowed to take place for years with
9 the approval of our nursing home advisory board and our
10 County Board. Sadly, oversight of the nursing home was poor
11 and it was allowed to overspend and accumulate debt that we
12 have no means to repay. The bills piled up. The quality of
13 the meals never improved. And our census continued to
14 decrease. This story spans years.

15 Over two elections voters were asked to support the
16 nursing home, first with an increase to the sales tax and
17 then with an increase to property taxes, that was the time
18 for the public to show their support for the home and sadly,
19 they did not. Neither tax increase passed, which is why we
20 are here today. Last I knew when I stopped attending
21 meetings for the nursing home it was \$5 million in debt.
22 The County doesn't have \$5 million.

23 So, if this sale is squashed it is my understanding
24 that the only alternative will be closing the nursing home.
25 We are no longer in the position of choosing between a

1 private nursing home -- a private nursing home and
2 maintaining ownership by The County. This hasn't been a
3 realistic option since we allowed the home to accumulate the
4 debt it has. We have no means of paying it down beyond
5 selling.

6 The choice is no longer between a privately owned
7 nursing home or publically owned one, but a privately owned
8 nursing home and a shuttered one. The latter option would
9 send families like mine scrambling and I don't believe other
10 homes in town would have enough available beds to take on
11 the very demanding patients that would need to be relocated.

12 I would also say all of you here, please, call your
13 state representatives and tell them to increase Medicaid
14 reimbursement to nursing homes, because last I knew, you
15 know what? Champaign County Nursing Home we were losing \$50
16 a day on every Medicaid patient, which is part of why we're
17 in the problem we are.

18 You can't sustain losing \$50 a day, especially with
19 the percentage of Medicaid patients we have.

20 Obviously, the quality of for-profit homes varies
21 widely. My hope is that we have a year of above average
22 care and CNA ratios at the home, while the new owners
23 realize all eyes are on them, while they want to stay off
24 the front page of our paper, and not throw up comparisons to
25 the Vermilion County Home that disappointed so many after it

1 was sold.

2 Beyond that, if you allow this sale, they will
3 compete with every other for-profit home in the area and
4 quality of their care will determine if residents stay or
5 leave.

6 Again, I don't see the choice between selling the
7 home to a private owner or maintaining it as a county owned
8 entity, we are well past that. No matter what you hear
9 today, our choice is between selling the home or closing the
10 home. Given those options, I hope you will allow the sale
11 of nursing home.

12 And I just wanted to add to any of our staff, who
13 might be here today, I regret that The County is repaying
14 their hard work and loyalties in sticking with us in this
15 trying time of termination. Every -- they all deserve so
16 much better than that.

17 If the new owners have representatives here
18 tonight, I hope you realize the treasures so many of our
19 staff members are. They are like family. Families trust
20 the care at Champaign County Nursing Home, because of the
21 CNAs, because of the nurses, because of our food service
22 staff, our laundry staff, our housekeeping staff. And I
23 hope the new owners will reward our staff's hard work more
24 generously than The County was ever able to.

25 Please, allow the sale. Thank you.

1 MR. ROATE: May I ask speaker number 18 to,
2 please, approach the podium?

3 (No response.)

4 MR. ROATE: Speaker number 18?

5 SPECTATOR: He's not present, I don't think.

6 MR. ROATE: Speaker number 18 has been stricken.

7 May I ask speaker number 20 to proceed to the
8 podium?

9 MR. SNIDER: Good evening.

10 My name is Richard Snider. Last name is spelled:
11 S-N-I-D-E-R.

12 Good evening and thank you for allowing me to
13 testify regarding the sale of the Champaign County Nursing
14 Home and certificate of need.

15 I understand I have to compress about eight minutes
16 of commentary into about a three-minute container, but I'll
17 do my best here.

18 I served as the County Administrator during a
19 period from April 2016 through November 2017. About two
20 weeks prior to the beginning of my tenure I received a memo
21 from The County auditor telling me that on April 15th it was
22 very likely we would not make payroll for our employees at
23 the nursing home. It was not an inauspicious or it was an
24 inauspicious start to that tenure. Unfortunately, while we
25 did resolve that problem at the time, that was not the last

1 time I received a similar communication from the auditor.

2 While I was at The County, I focused on two areas:
3 First was obtaining and disseminating accurate status
4 information about the nursing home. And the second thing
5 was I formulated -- I tried to formulate potential solutions
6 so we could establish a sustainable home, one that provided
7 care with the kind of quality that we expected from The
8 County.

9 So, I'm going to save speaking time here. I just
10 want to look at a couple elements of the sale process. One
11 was the evaluation process of the home and then the
12 selection of the broker.

13 So, in summer of 2016 we worked with the Nursing
14 Home Board of Directors. They developed a strategic plan to
15 help rescue that home and it contained a lot of targets,
16 both financial and operational, that we wanted to meet.
17 Using those, we developed a series of options. There was an
18 option matrix that we later delivered to The County Board to
19 consider different options, these included things such as
20 raising taxes to help fund the home, seeking partnerships,
21 downsizing the home and selling the home.

22 In gathering information for those options I met
23 with a company that analyzes long-term care facilities for
24 the purpose of marketing them for sale or connecting them
25 with some sort of management company that might help us. A

1 Chicago based firm completed evaluations in 2015 totaling
2 \$3.6 billion that covered 503 facilities in 43 states across
3 the country. They clearly had a good handle on the market,
4 I felt, and we proceeded to work with them. Their
5 evaluation had an accuracy of about 97 percent of the actual
6 sale transaction prices.

7 Using the data The County provided, including audit
8 financial statements, they returned to us a detailed
9 breakdown, both revenues and our expenditures at the home.
10 It indicated that our cost structure was significantly
11 higher than others that are in the State of Illinois while
12 at the same time our revenues were below the median state
13 wide. In fact, it revealed what we had seen in our internal
14 estimates that the net operating margin was a negative
15 9.4 percent or about \$1.2 million a year. We had figured
16 that we were losing about \$220,000 a year in cash, about
17 another \$300,000 in unfunded debt services, another \$750,000
18 in unfunded depreciation. Those unfunded costs came
19 directly out of The County's General Fund, the only way to
20 cover repairs and other needed services at the home.

21 Working with them we received an evaluation for the
22 home. We did it through two methods: One capitalization
23 rate. The second was to look at comparable sales, as you
24 might do for a real estate transaction. We received a value
25 range of about 10.1 million to 12.7 million from them using

1 the cap rate evaluation.

2 We also looked at six Illinois skilled nursing
3 facilities that sold within the last five years, that comp
4 sale methodology yielded a price of 9.9 million.

5 So then we went -- as we went along trying to find
6 solutions for the home, we came to the point where The
7 County wanted to explore the sale. So, we needed to get a
8 broker. We shipped an RFP. We solicited nine firms that
9 expressed previous interest. We worked with a board of --
10 our evaluation committee was drawn from both parties of The
11 County Board, as well as county officials, to make sure
12 there was an open process. And we ended up with Marcus &
13 Millichap Institutional Property Advisors. The others that
14 also were in the group were CBR National Sales Team,
15 National Senior Housing Team, and also Senior Living
16 Investment Brokerage of Glen Ellyn. So, both of them very
17 qualified competitors as well, but we felt that IBA had the
18 best connections to the market and could advise us well.

19 They too developed an evaluation for the home and
20 the range was between 10 million and 14 million. Fourteen
21 million being very speculative, because frankly, the home
22 hadn't generated a profit in many years.

23 We set about providing information for prospective
24 buyers, very detailed set that was made available on-line
25 for any prospective buyers to see so that everyone would

1 have an identical set of information to deal with.

2 We set the price of the home at \$11 million. We
3 made sure we included terms in our RFP that we would
4 maintain the facility with 220 licensed beds as a skilled
5 nursing facility. We wanted to make sure that the buyer
6 would assume the obligation of the Collective Bargaining
7 Agreement, they would rehire all the current employees,
8 assuming they passed the background check, and not terminate
9 more than 10 percent of employees for the first 60 days or
10 20 percent for the first six months.

11 We said that for 10 years that Champaign County
12 residents would have priority to admissions. We also said
13 that, most importantly, most of our safety net role that we
14 preserved at least 50 percent of the available beds in the
15 home for Medicaid patients. Champaign County is the largest
16 holder of those licenses in The County for Medicaid beds.

17 We worked with the state's attorney's office and
18 outside private counsel, to develop our RFP and contract for
19 any interested buyers.

20 I just want to stress that throughout the entire
21 process the terms of the request for proposal, our many
22 study sessions, business meetings, these were all open to
23 the public and in particular, for our County Board meetings
24 and study sessions, those are also broadcast live on the
25 internet. So, the public could participate, if they

1 couldn't attend the meeting. And those were recorded for
2 later consumption if they couldn't watch it live.

3 We did everything we could to incorporate the
4 feedback into our work. And I'm very proud of The County
5 staff and the way that they sought this very diligently and
6 used a lot of determination to make sure that we had the
7 best possible outcome for all the stakeholders in the
8 process, not just The County, but the taxpayers, the
9 residents of the home, the employees, everyone.

10 I think that given The County's continuing lack of
11 financial capacity and their technical competency to operate
12 the home the best way to secure the future of the home is to
13 allow the buyer to proceed with this acquisition.

14 Thank you for your consideration.

15 MR. ROATE: Thank you.

16 Speaker number 22?

17 MR. FARNEY: Good evening.

18 My name is John Farney, F-A-R-N-E-Y. I am Champaign
19 County Treasurer.

20 Prior to becoming treasurer I served as auditor
21 starting in 2012. I have an intimate factual knowledge of
22 the finances of Champaign County and the Champaign County
23 Nursing Home. I have a fiduciary responsibility to the
24 taxpayers of this county to report factual information about
25 the nursing home and The County.

1 The financial demise of the home could be portrayed
2 back far before my tenure in office. Historical data shows
3 in 1998 the home had a solid cash balance and well-funded
4 depreciation fund. By 2002 the home was using that fund to
5 finance daily operations.

6 In 2005 the depreciation fund was no more and the
7 home began its now more than a decade long dependence on The
8 County's General Corporate Fund for assistance.

9 From 2005 to present day Champaign County's General
10 Fund has made transfers and loans of over \$5.2 million to
11 the home. Only \$1 million has been repaid and those
12 proceeds were from a successful lawsuit over the home's
13 construction, not funds generated by successful operation.

14 Loans continue today as the home is unable to solve
15 its cash flow crisis. Just last month a loan of \$50,000 was
16 required to cover payroll for employees at Champaign County
17 Nursing Home. Today the home has \$12,000 in its bank
18 account.

19 The General Fund cannot absorb the home's cash flow
20 failures any longer. This past April saw the need to loan
21 funds from The County's Public Safety Sales Tax Fund to the
22 General Fund and then from the General Fund to the Nursing
23 Home Fund to cover payroll and other obligations. Because
24 of the continued deterioration of Champaign County Nursing
25 Home finances we have literally robbed Peter to pay Paul to

1 keep a failing non-mandated service afloat. This is not
2 sustainable. These emergency loans were just to cover
3 payroll. The homes vendors continue to wait for payment.

4 Numerous times in the last year alone the home has
5 had service cut-off notices from vendors supplying basic
6 necessities such as food, and as we all remember, toilet
7 paper. This spring the disconnect order was issued to
8 Champaign County Animal Control for nonpayment of bills
9 since September of 2017 by the nursing home, because we are
10 all tied together under one billing system. This forced an
11 immediate emergency payment to be made. This is not
12 sustainable.

13 Champaign County Nursing Home is a needed resource
14 in this community. The residents and staff of the home need
15 and deserve safety, comfort and stability. Operation by
16 Champaign County government fails to provide these needs,
17 operation by a private owner does.

18 County government cannot continue to fund the
19 home's operation with non-budgeted loans and transfers. The
20 General Fund's budget does not have the flexibility to
21 include funds for the home's operation. The home has not
22 shown the ability to sustain itself.

23 Failure to complete the sale of the Champaign
24 County Nursing Home will result in the closure of the home.
25 This closure will result in a shortage of available beds in

1 Champaign County.

2 The best way to preserve the Champaign County
3 Nursing Home and to ensure the long-term care and safety of
4 senior citizens in Champaign County is to complete this
5 sale.

6 I encourage The Board to approve the request for a
7 certificate of need to allow the transfer of ownership from
8 Champaign County to University Rehabilitation Center of C-U,
9 LLC and University Rehab Real Estate, LLC. The residents of
10 Champaign County Nursing Home and senior citizens of
11 Champaign County are depending on you. Thank you.

12 Thank you.

13 MR. ROATE: At this time may I ask speaker number
14 24 to approach the podium?

15 MR. MARSH: Honorable Committee Members, I am
16 Brooks Marsh, B-R-O-O-K-S M-A-R-S-H, Mahomet, Illinois,
17 retired Champaign County Board District 1 Representative.

18 The path to selling the county nursing home, while
19 being a multifactorial process, began as a top priority a
20 little over a year ago. Our county's balance, budget
21 balance, was at the required minimum balance that we could
22 have. Scheduled maintenance of county facilities was at a
23 critical point with over 12 million in past scheduled
24 maintenance, including 750,000 in items for our jail
25 required by the Americans With Disabilities Act we had not

1 completed and were required to.

2 The voters in the county, of course, had voted
3 twice not to increase funds, however, the home, the affected
4 departments were every department in our county, including
5 our nonstatutory enterprise, the nursing home.

6 Non-payments to vendors were in the seven figure
7 range. While some vendors were dropping us as customers.
8 Our vendors were charging us credit card interest. We had
9 no choice but to pay that, since we hadn't paid some of them
10 for more than a year.

11 Potential for harm and actual deficiencies were
12 three times state averages and we weren't running a good
13 home. I know that you have those numbers, but for Medicare,
14 I'll just throw a couple of them out for you. There's
15 three-year averages. Our Champaign County Nursing Home, all
16 deficiencies, 19.33. The state average was 6.2, so we're at
17 three times that. Our potential buyer, on the other hand,
18 was 9.54. So, half of our Champaign County Nursing Home is
19 still higher than the Illinois average.

20 In the deficiency categories three and four, actual
21 harm or immediate jeopardy to residents, our potential buyer
22 2.18, Champaign County Nursing home 8.62. So, we certainly
23 have found a buyer, despite their deficiencies,
24 significantly better than operating ourselves, which we're
25 happy about.

1 For the good of our residents, first; and secondary
2 to our County, we began to look at sale options. Very
3 difficult. There was lots of differences in the public and
4 emotions of people looking at their families in this home.
5 Of course, we included, in our RFP, we included The Board,
6 public, people and consumer groups writing this RFP so we
7 could reach the right buyer. And in doing that -- in doing
8 that we limited the number of buyers. They told us we were
9 limiting the number of buyers, because we wanted to get a
10 better buyer than -- and we wanted to protect or residents
11 and employees as well. So, we tried to go about this the
12 right way.

13 At the same time, when we made our trips to the
14 buyer's facilities we invited the same groups and all who
15 participated saw the difference, the positive difference, in
16 the buyer's homes compared to ours. Their programs, their
17 people and even their residents. So, we -- there was
18 certainly a difference.

19 Public testimony at subsequent County Board
20 meetings put those same items and opinions on record, yet
21 later there were people very critical of this buyer despite
22 what they originally saw and agreed upon.

23 Of course, I think the real truth was a lot of
24 folks just didn't want us to go private. And I understand
25 that, but I think that that really was the basis of it, not

1 the buyer.

2 But I also believe by a super majority we agreed to
3 sell the nursing home. And today I think what we're really
4 here for is not to talk about all that, although that's
5 important as background, but really to look at what the need
6 is in our community. Without the sale of the home, The
7 County will close the home. There's no budget for continued
8 running of the home and there's not a super majority that
9 will say: We're going to ransack every department, cut our
10 sheriff's department or judges or public defender in order
11 to keep the nursing home open. There is not a super
12 majority that would agree to that. So, we have to close the
13 home and as sad as that is, we have to, because we have to
14 protect our County and the other -- and the other residents
15 that live here.

16 According to the IDPH, we're slightly over-bedded
17 by about 50 beds or so like, 243 licensed beds. If this is
18 closed, there aren't 143 beds available in our county or
19 even in our close region for those residents. So, if we
20 have to close, there be a real scramble to displace these
21 residents to other places, but that is the truth and the
22 fact of what will happen.

23 Reduction of beds will also reduce our sale
24 opportunity to a buyer. All projections that we see through
25 Medicare dot gov and indications are with the number of

1 aging baby boomers in our county the 50 or so beds are
2 currently higher than will be used by 2020. And so, that's
3 really very soon. We can't really build a new facility by
4 then. All indications are this is -- these are important
5 beds for us to have and we would we ask you to stabilize
6 this nursing home in our county by approving our certificate
7 of need. Thank you very much.

8 MR. ROATE: Thank you.

9 Next may I ask speaker number 26 to approach the
10 podium?

11 MR. TOCK: Good evening. My name is Jeff Tock,
12 T-O-C-K.

13 Thirty years ago I was chairman of the Urbana
14 Planning and Zoning Commission. Every city in the state has
15 a planning and zoning ordinance commission. It's a standard
16 governmental function to provide different zoning districts
17 for different types of land uses.

18 The same cannot be said of nursing homes. There
19 are many, many communities in the state that do not have
20 nursing homes. Urbana took on that responsibility to -- or
21 The County in Urbana, took on that responsibility, I think,
22 around 2000. I'm not sure of the exact date on that for the
23 construction of the new home.

24 The difference between doing the math and the
25 simple understanding of zoning districts, and you can -- you

1 can tell when you're out driving around town what changes
2 from block to block, and where the schools are, where the
3 shopping centers are, you understand your community.

4 When you've got a living facility that is not
5 visited by many people, except for those who are the
6 patients there, the families there, it's not a typical
7 governmental function. And I think that that may be part of
8 the reason how this got off track and became insolvent in
9 order to go forward.

10 So, it is my opinion that I believe that this
11 nursing home should be sold at this time. And the nursing
12 home can be functional and run by a private source, can
13 still provide those medical facilities that that would be a
14 better option. Thank you.

15 MR. ROATE: Thank you, sir.

16 Next may I call speaker number 28 to the podium?

17 MR. NUDO: Good evening. My name is Alan Nudo,
18 A-L-A-N N-U-D-O. I think it's the shortest name on record.
19 It means to expose, strip or to bear. So, there you have
20 it.

21 I'm a former member of the Champaign County Board.
22 And I, actually, authored the resolution back in 2008 on the
23 outside management and the advisory board. It was
24 overwhelmingly passed on a bipartisan basis by The County
25 Board. It, actually, helped for a couple of years and

1 turned it around.

2 But it's very evident now, as this young lady said,
3 that things need to be changed. You need a private owner,
4 who has the ability to change things. They have -- they
5 know the scope of what it takes to run a business in order
6 to be successful to provide the amenities and the things
7 that make a nursing home work.

8 One of the ongoing themes that have been made, not
9 only in this meeting, in prior meetings that we had for The
10 County Board, were from those who oppose the private
11 ownership of the Champaign County Nursing Home by citing
12 unfortunate anecdotal incidents that occurred in their homes
13 to question the quality of care given by the potential
14 purchasers.

15 In the previous meetings I had a chance to research
16 those individual incidents and I found that they occurred
17 over a number of years and as anecdotal points of reference.
18 Quite frankly, most of these instances were prior to 2012.
19 That is not current.

20 Now this young lady who spoke today, I have not had
21 a chance to research, but we will get into some other
22 evidence that would be otherwise for the people here to
23 consider.

24 These unfortunate incidents were subject -- all
25 nursing home operators have these unfortunate incidents,

1 even wrongful deaths, and Champaign County Nursing Home has
2 had two in the recent year.

3 Now if the criteria were strictly anecdotal story
4 telling, it would be very hard for any transition to would
5 be disqualified for that. So the better, more accurate, way
6 to determine whether an entity is qualified to operate a
7 nursing home is to examine the past history of the home's
8 annual inspections, family complaints and resident deaths.

9 All nursing home operations are subject to annual
10 inspections. And as a result, we can accurately compare the
11 level of safety and quality of care between all nursing
12 homes subject to the Illinois Department of Public Health's
13 all-encompassing licensure process.

14 Now, I was a member of the RFP committee that --
15 the advisory group that had a purpose of making
16 recommendation to the Champaign County Board. And I visited
17 with the group, not one, but three locations. And for those
18 gentlemen here who don't have comps that they could maybe
19 know or reference to here, I put the three that I visited in
20 a category of Windsor Savoy and Clark Lindsey. And I spent
21 three months in Clark Lindsey caring for a friend.
22 That's -- that's up here. It wasn't just one operation that
23 I saw. They're on the south side. I'm a born south sider.
24 I know the areas. And I put those locations on a quality
25 level of what I saw -- what I see here in Champaign.

1 So, one method that we used in this advisory group
2 was to gather information from the Medicare dot gov website.
3 And we used a criteria from the inspection -- for the
4 inspection data that was compiled with the following
5 criteria: The data was compiled for 2015, 2016 and 2017,
6 current. The data was compiled for nursing homes that were,
7 including Champaign County Nursing Home, within a 25-mile
8 radius, which were nine homes, plus Champaign County Nursing
9 Home; and for a 40-mile radius, which took us a little bit
10 outside the Champaign-Urbana area, which was nine homes;
11 plus CCNH. And then we took and comped them, compared them,
12 to the perspective new owners, which we call ECC for short,
13 they had 16 nursing homes in this compilation, 16 nursing
14 homes.

15 As you gentlemen are well aware, the most egregious
16 categories of deficiencies that are in these Medicare dot
17 gov were deficiencies in categories three and four, where
18 there's actual harm or immediate jeopardy to a resident of
19 the home.

20 The table that I've given to you displays the
21 results in the comparison showing the results of Category 3
22 or 4 deficiencies for all of the Champaign 25 and 40-mile
23 radius, specifically CCNH and then, of course, ECC. And the
24 facts? The facts are this: The C-U area had -- the C-U
25 area, including Champaign County Nursing Home, was 2.1 times

1 higher than the 16-unit average of the people purchasing
2 Champaign County, 2.1 sometimes higher. In Categories 3 or
3 4 Champaign County Nursing home is eight times higher than
4 the purchaser. Champaign County Nursing Home's 3 and 4
5 deficiencies were four and a half times higher than the
6 comparable 25 miles radius within Champaign. And finally,
7 Champaign County Nursing Home in Categories 3 or 4 -- was
8 higher in Category 3 or 4 than any single unit that we
9 compared the highest. By any comparison, the purchaser of
10 these homes presents a lower risk to the residents compared
11 to all other homes. And on the other end of the spectrum
12 Champaign County nursing home is clearly the home that puts
13 residents at greater risk than any other homes in 25, 40 or
14 any of the purchaser's.

15 I would just urge that facts are used. Anecdotal
16 stories do not tell the whole story. There are -- I mean, I
17 was on the Champaign County Nursing Home Board for three
18 years. And unfortunately, I had to deal with them with our
19 group. And those anecdotal stories are tough and hard to
20 take, but we have to look at the big picture of what's good
21 for this community. Thank you.

22 MR. ROATE: Thank you.

23 Next, may I ask speaker number 19 to approach the
24 podium?

25 (No response.)

1 MR. ROATE: Is there a speaker 21?

2 DR. RICHARD: Hello. I am Lawrence Richard. I'm a
3 medical doctor.

4 I'm here because I got an email alerting me to this
5 event.

6 MR. CONSTANTINO: Mr. Richard, can you spell your
7 name?

8 DR. RICHARD: I just handed it to her. Okay.

9 So, I'm here, because I got an email telling me
10 about this event.

11 I have a general interest, which I'll briefly
12 share, and a medical interest.

13 Mr. Nudo has pretty well calmed down any medical
14 concerns that I have, so I won't belabor that point.

15 My general interest is when I was a young man and
16 moved in my block there was a middle aged lady down the
17 block about four or five houses down named Dorothy. And I
18 got to know her. She was married to a World War I vet. And
19 I became friends with them, great people. He died before
20 her. And as she went on to get older I remember her
21 speaking very favorably about the nursing home. And she was
22 instrumental in helping get that referendums passed. And
23 she was a volunteer out there. And she was looking forward
24 to going, looking forwarding to spending the rest of her
25 days there. So, it's always been a great history to me as

1 to what the, you know, what happened.

2 Now, today we've heard a few things. Ex-board
3 member, I think it was, spoke about what sounded to me like
4 cost overruns. And then they had to pick up the bill. And
5 then they began a -- county treasurer told us about the --
6 they had a good fund and -- which had to be used for what it
7 was not originally intended for to pick up routine costs.
8 And this all connects with memories that I sort of collected
9 over the years.

10 On the opposite end of the scale we have a gigantic
11 thing called the big dig in Boston. I get to Boston a lot.
12 And it's much prettier now that they've buried that stupid
13 expressway that some idiots put together in the first place.
14 Similar to the people who built the expressway along the
15 edge of the San Francisco bay that collapsed during the
16 earthquake, an interesting story I'll share with you.

17 Three months before, maybe two and a half, before
18 the earthquake toppled that I was driving on that. And I
19 was on the bottom layer and that was going north. All of
20 sudden a thought came to me: Boy, I sure wouldn't want to
21 be here if there's an earthquake.

22 MR. CONSTANTINO: Dr. Richard, you have to stick to
23 the subject at hand.

24 DR. RICHARD: Thank you. Thank you.

25 So there's money involved here. And it seems to me

1 that whoever is in charge of allowing the things to expand
2 and blow up and run the budget nuts, they never get exposed.
3 They never get called to task. We never learn how it
4 happened.

5 And I would just like to encourage the people that
6 are here going to relate to the approval of this to make
7 sure there's no way, at least, the taxpayers can get asked
8 by the purchaser to pick up any money or pay for anything or
9 add any money. Just make sure, please, that there's no
10 clauses, paragraphs or whatever, that -- that allow that,
11 because it's a possibility, I'm afraid. Thank you.

12 MR. ROATE: Thank you.

13 Okay. Lastly, may I ask that speaker number nine
14 approach the podium.

15 Do we have a speaker number nine?

16 MR. POPE: Good afternoon. My name is Kip Pope,
17 K-I-P P-O-P-E.

18 I've lived in Champaign County all my life, except
19 when I went out of state for law school and service in the
20 Army, including a tour in Vietnam. I've been involved in
21 the purchase, the sale, ownership, leasing and management of
22 dozens of properties and have owned several businesses.

23 Let me briefly summarize the situation in my words
24 and from my perspective: The Champaign County Nursing Home
25 has been stripping The County bare for years, which has

1 accelerated the last couple of years. It employs nearly
2 20 percent of The County's employees. Its census has
3 dropped dramatically. It can't even pay its own payroll,
4 insurance or other bills without repeated injections from
5 The County. It's costing our county taxpayers more than
6 \$4 million a year above its revenues and that includes
7 operating losses, tax subsidies and principle and interest
8 on its bonds. It's a non-mandatory service, that's
9 threatening the sustainability of mandatory services like,
10 courts or state's attorney's office and our sheriff.

11 In additional, serious necessary deferred
12 maintenance and purchases have been deferred again and again
13 because of these losses. As you know last year the
14 Champaign County voters authorized the sale of the nursing
15 home and simultaneously refused taxes to subsidize the
16 continuing losses.

17 A public poll conducted last November with a margin
18 of error of 4.32 percent concluded that even those precincts
19 that voted to keep the nursing home had changed their minds
20 in light of its dire financial condition.

21 In July last year every elected county official
22 courageously issued a public statement urging the sale.

23 In January this year The County Board, after years
24 of question, came together and voted to sell it.

25 And as you've heard, only one offer to buy

1 materialized, a full price offer without contingencies. And
2 as you've also heard, the alternative to this sale would be
3 grievous, if not disastrous.

4 There are six pending death lawsuits against the
5 nursing home now. In the last three years it's experienced
6 eight times the number of Category 3 and 4 deficiencies as
7 was pointed out.

8 Despite what you've heard today from the opponents
9 to the sale, by nearly every measure buyer's nursing homes
10 are safer and have better rankings than our county owned
11 nursing home with its below average overall ranking of two
12 and its ranking for inspections of a dismal one. There are
13 no viability plans to improve the situation.

14 For these reasons and the reasons spelled out in my
15 submission and documents, I respectfully urge The Board to
16 approve this sale. Thank you.

17 MR. ROATE: Thank you, sir.

18 Okay. At this time I'd like to acknowledge that
19 the written testimony from Adani Sanchez will be submitted
20 into the record.

21 MR. CONSTANTINO: Would anyone else like to give
22 public testimony?

23 MS. SANCHEZ: I won't completely read my written
24 testimony, but I did want to connect -- just add a couple of
25 points.

1 MR. CONSTANTINO: Say your name and spell it for --

2 MS. SANCHEZ: Adani Sanchez, A-D-A-N-I

3 S-A-N-C-H-E-Z.

4 MR. CONSTANTINO: Thank you.

5 MS. SANCHEZ: Our community will pay for this. Our
6 community will pay when our nursing home goes to a company
7 that has a record of -- of neglecting these nursing homes
8 and cutting staff.

9 A nursing home is made up of staff like, the whole
10 point of having a nursing home is having people there to
11 take care of the residents.

12 Rothner, the owner of this company, he has
13 explicitly said: Oh, my gosh! The nursing home is so
14 overstaffed. What else do you do at a nursing home besides
15 staff it? That's the exact service, the service.

16 So if already a lot of these people have said: Oh,
17 the nursing home right now is doing pretty poorly. How will
18 it do when there are fewer staff members to provide the
19 services that its meant to provide?

20 This is not a -- this is not a drain on our
21 community. These are our community members and in fact, our
22 most vulnerable community members.

23 So, please, I urge everyone to realize our
24 community will pay for this when this goes away, when there
25 are no more Medicaid beds, because they're all full already,

1 because they reached their maximum. They're not interested
2 in losing money by having more poor residents in their
3 nursing home. So your community will actually pay for this.

4 This is about a certificate of need for a company
5 that somebody -- owned by someone, who has proven that they
6 are not interested in serving in a capacity of a nursing
7 home. They have proven that they're more interested in a
8 bottom line. Okay.

9 As part of our community, even if it's a
10 non-mandatory service, this is an important service that's
11 been very valuable to our residents. And I think that being
12 able to keep transparency by keeping in control of The
13 County Board, which means that we'll know about things that
14 are going on, we know about all those things and we have
15 power over it and power to influence it.

16 So I, please, hope that you all are empowered to
17 say something about this nursing home and to be involved in
18 it, because it is a resource and a boon to our community and
19 something that's helpful.

20 I urge you to contact our neighbors in Indiana, who
21 have seen the sale of their private nursing home -- have
22 seen the sale of their nursing home to a private owner and
23 have been very, very regretful about it.

24 So, I hope they all look on it and I hope that you
25 look in the Department of Illinois Public Health violations.

1 Rothner had to open up a new company so that he
2 could without -- so, with a clean conscience be able to say
3 this company has not had any adverse actions taken against
4 them, because when we originally talked about a buyer buying
5 this nursing home it was, I think, Extended Care. It was
6 two different companies. And now they're a new company
7 that's trying -- that is now the buyer, but it's still
8 Rothner.

9 So, it was very strange when I was trying to
10 understand what was going on and what this hearing was
11 about. So, now this, the certificate of need, is going to a
12 brand new company that now they can safely say they have no
13 adverse actions taken against them, because they're only one
14 month old.

15 So, please, take a look into this. This is about
16 approving a certificate of need for this company. And I'm
17 saying that this company is not a very good company to have
18 a track record of -- of neglecting their nursing homes. And
19 you can see the paper trail. So, thank you very much.

20 MR. ROATE: Thank you.

21 MR. CONSTANTINO: Anyone else?

22 (No response.)

23 MR. CONSTANTINO: Okay. This public hearing is
24 adjourned.

25 Thank you very much.

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Hearing adjourned at 6:10 p.m.

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CERTIFICATE OF REPORTER

I, Bobbi Hamlin, a Certified Shorthand Reporter (IL), and Registered Merit Reporter within and for the State of Illinois, do hereby certify that the foregoing public hearing was taken by me to the best of my ability and thereafter reduced to typewriting; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this hearing was taken, and further that I am not a relative or employee of any attorney or counsel employed by the parties thereto, nor financially or otherwise interested in the outcome of the action.

Registered Merit Reporter
Certified Shorthand Reporter
IL CSR #084-002797

PUBLIC HEARING 9/13/2018

<p align="center">A</p> <p>A-D-A-N-I 75:2 A-L-A-N 65:18 A-N-D-E-R-S... 6:20 32:10 a.m 5:1 AA 22:10 ability 45:12 47:9 59:22 66:4 79:6 able 9:14 10:18 22:19 28:13 30:18 35:6 36:8 51:24 76:12 77:2 abruptly 47:21 absolute 45:6 absorb 19:24 58:19 absurd 46:20 accelerated 73:1 accept 46:20 accessible 5:2 accomplish 30:18 account 58:18 Accountability 5:9 accounts 7:8 14:21 32:24 accumulate 49:11 50:3 accuracy 54:5 accurate 43:23 53:3 67:5 accurately 67:10 acknowledge 74:18 acquisition 57:13 act 3:20 4:13 5:9 19:8,21 60:25 action 22:20</p>	<p>22:25 23:3 79:8,12 actions 8:19 9:7 23:15 34:10 34:24 77:3,13 activities 21:10 actual 54:5 61:11,20 68:18 ADA 14:18 Adani 74:19 75:2 add 6:16 51:12 72:9 74:24 additional 21:9 73:11 address 8:7 25:4 29:11 33:23 addressing 36:22 adjourned 31:9 77:24 78:1 administration 8:5 33:21 41:15 administrative 3:21 6:22 29:8 32:12 administrator 2:7 3:11 6:21 28:24 31:18 32:11 52:18 admissions 25:11 56:12 adopted 29:12 adult 21:9 advantage 10:18 36:9 49:7 adverse 22:20 22:25 23:2,15 77:3,13 advice 45:22 45:25 advise 55:18 Advisors 9:12</p>	<p>35:4 55:13 advisory 29:13 29:16,23,25 30:9,15,16 48:23 49:9 65:23 67:15 68:1 advocacy 21:21 affect 30:16 affiliated 12:23 affiliation 6:10 afford 4:14 afloat 27:8 59:1 afraid 11:21 39:14 72:11 afternoon 1:16 3:4 6:19 28:20 31:12 72:16 aged 70:16 agencies 49:5 agent 45:21 aggressively 9:22 35:14 aging 64:1 ago 60:20 64:13 agree 25:6 63:12 agreed 26:9 62:22 63:2 agreement 25:20 26:10 56:7 Alan 65:17 Alaris 2:12 Alarms 15:13 alerting 70:4 all-encompas... 67:13 allegations 4:17 allow 5:13 28:15 48:18 51:2,10 51:25 57:13 60:7 72:10 allowed 28:2</p>	<p>49:8,11 50:3 allowing 13:25 36:17 52:12 72:1 allows 17:13 alternative 37:1 49:24 74:2 Altitude 17:24 22:6 28:16 amateur 13:9 amenities 66:6 Americans 60:25 amount 12:22 amounts 27:22 analyst 46:16 analyzes 53:23 Anderson 6:13 6:19,20 10:22 32:6,8,9 Anderson's 14:6 anecdotal 66:12,17 67:3 69:15,19 Animal 17:9 59:8 announcement 3:6 annual 29:4 67:8,9 anticipated 5:4 AP 19:6 appeal 13:12 appealed 13:11 appear 18:14 appearance 37:9 appears 22:17 applicants 3:24 4:2 application 9:8 22:14,23 23:25 34:25 applications 23:21</p>	<p>appointed 7:25 10:2 33:16 35:19 appreciate 15:13 approach 44:5 48:6 52:2 60:14 64:9 69:23 72:14 appropriate 20:19 24:4 approval 49:9 72:6 approve 28:14 60:6 74:16 approved 7:1 7:23 27:6 29:1 29:13 32:17 33:14 approving 64:6 77:16 approximately 4:6 29:4 April 6:25 9:2 10:1 32:15 34:19 35:18 40:6 41:4 52:19,21 58:20 area 15:16 19:14 20:16 21:2 51:3 68:10,24 68:25 areas 8:6 20:22 29:18 33:21 53:2 67:24 Army 72:20 arrived 13:15 aside 13:13 asked 11:8 39:18 42:19 49:15 72:7 assertions 4:17 assess 7:13 33:4</p>
---	--	---	--	--

PUBLIC HEARING 9/13/2018

<p>assessed 7:17 33:8 Assessment 19:18 assistance 58:8 associated 42:4 assume 4:2 25:19 56:6 assuming 56:8 attend 3:5 13:12 57:1 attendance 5:5 attended 48:22 attending 49:20 attest 38:21 39:22 attorney 79:10 attorney's 56:17 73:10 attract 24:4 attrition 20:13 audit 54:7 auditor 19:3 52:21 53:1 57:20 audits 7:24 33:14 August 22:17 authored 65:22 authority 30:17 authorization 5:13 authorize 10:8 35:25 authorized 6:25 9:5 32:15 34:22 73:14 autopsy 21:2 available 4:21 5:22 10:16,18 36:7,9 50:10</p>	<p>55:24 56:14 59:25 63:18 average 50:21 61:16,19 69:1 74:11 averages 61:12 61:15 Avery 2:8 3:11 5:18 31:17 avoid 22:19 36:25 avoiding 37:10 37:10 aware 22:9 68:15</p> <hr/> <p style="text-align: center;">B</p> <hr/> <p>B-A-R-B-A-R-A 24:10 B-E-L-D-O-N 15:8 B-R-O-O-K-S 60:16 baby 64:1 back 7:4 12:12 12:16 18:17 27:19 32:20 37:16 39:19 46:4 58:2 65:22 background 26:1 56:8 63:5 backlog 20:23 backup 29:9 bad 42:18,21,21 43:10 bail 44:24,25 balance 19:6 27:11,14 44:23 58:3 60:20,21 60:21 balances 26:24 balancing 19:8 19:21 bank 58:17</p>	<p>banker 44:8 bankruptcy 27:16 Barbara 24:9 bare 72:25 barely 19:9 bargaining 25:20 56:6 Bartel 4:4 based 21:21 54:1 basic 59:5 basis 62:25 65:24 battle 13:7 battled 13:6 bay 71:15 bear 65:19 beauty 21:9 becoming 57:20 bed 4:3 25:8 beds 25:9 50:10 56:4,14 56:16 59:25 63:17,17,18,23 64:1,5 75:25 beg 39:16 began 3:1 8:12 31:11 34:4 58:7 60:19 62:2 71:5 beginning 14:19 52:20 begins 31:20 behalf 9:7 13:24 14:5 34:24 belabor 70:14 Beldon 15:8 belief 26:6 48:24 believe 12:7 18:20 23:13 37:20 50:9 63:2 65:10 belongings</p>	<p>11:19 12:10 benefits 25:22 best 10:13 14:24 17:19 28:9 36:4 38:6 47:11 52:17 55:18 57:7,12 60:2 79:6 better 11:10,12 24:3 26:22 29:20 47:14 48:20 51:16 61:24 62:10 65:14 67:5 74:10 beyond 48:24 50:4 51:2 bid 22:7 37:5 46:17 bidder 11:4 12:9 13:4 38:22 40:11,14,19 big 20:13 40:15 40:16 41:5 69:20 71:11 biggest 47:16 bill 71:4 billing 59:10 billion 54:2 bills 17:9 23:23 27:23 49:12 59:8 73:4 bipartisan 65:24 birth 21:1 bit 68:9 blew 48:20 block 46:11 65:2,2 70:16 70:17 blow 72:2 board 1:1 2:7 3:12 4:1,11,20 4:21,25 5:23 5:24 6:4 7:2,5 7:20,23,25</p>	<p>8:3 9:1,5,8,16 10:2,5,8,11,15 13:24 15:3 17:23 18:18 20:3,14 23:6 23:13 24:11,14 24:16,18,20 24:25 27:4,6 27:19 28:8,14 28:24 29:3,7 29:11,13,13,14 29:15,16,23 29:25 30:1,9 30:15,17,21 31:19 32:18,21 33:10,14,16,18 34:17,22,25 35:8,19,22,25 36:2,6 41:9,10 42:3 43:21,24 44:11,13,17 48:23 49:9,10 53:14,18 55:9 55:11 56:23 60:6,17 62:5 62:19 65:21 65:23,25 66:10 67:16 69:17 73:23 74:15 76:13 boards 24:14 Bobbi 1:17 2:11 6:2 79:3 body 14:9 30:21 boilers 14:17 bonds 73:8 boomers 64:1 boon 76:18 born 67:23 boss 3:11 11:24 Boston 71:11,11 bottom 71:19 76:8 bowling 44:9 44:10 Boy 71:20</p>
--	---	--	---	--

PUBLIC HEARING 9/13/2018

<p>bra 12:13 brand 22:18,24 77:12 breakdown 54:9 breakfast 42:25 43:1 brief 3:6 26:21 briefly 70:11 72:23 broadcast 56:24 broker 53:12 55:8 brokerage 9:10 35:2 55:16 Brooks 60:16 brought 12:15 27:12 47:1 budget 7:13 17:2,12 23:20 27:13 33:4 59:20 60:20 63:7 72:2 build 44:12 64:3 building 14:17 15:20 44:13 built 42:11 43:9 43:16 71:14 buried 71:12 bus 37:3 business 8:5 14:3 27:15 30:3,7,13 33:20 40:4,23 43:15 47:22 56:22 66:5 businesses 14:4 16:20 72:22 buy 73:25 buyer 15:15 16:14 18:18 23:12 24:4 25:6,7,10,14</p>	<p>25:19,21,24 26:9,10 42:6 56:5 57:13 61:17,21,23 62:7,10,21 63:1,24 77:4,7 buyer's 62:14 62:16 74:9 buyers 9:13,23 35:5,15 55:24 55:25 56:19 62:8,9 buying 77:4</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>C 2:1 C-H-A-R-L-E-S 28:21 C-L-A-U-D-I-A 21:17 C-U 3:25 22:16 60:8 68:24 68:24 call 16:9 44:25 50:12 65:16 68:12 called 11:13 12:3 31:25 32:1 71:11 72:3 calmed 70:13 cap 55:1 capacity 30:22 57:11 76:6 capitalization 54:22 card 61:8 care 3:22 7:5 13:4 14:14 15:4 17:24 18:14,21 22:6 23:10 24:22 25:2,17 25:18 28:12,17 29:7,10 30:2 30:23 32:21 43:7 46:5,6 47:10 48:15</p>	<p>50:22 51:4,20 53:7,23 60:3 66:13 67:11 75:11 77:5 caring 67:21 carrying 27:22 cases 20:23 cash 26:24 27:23 54:16 58:3,15,19 cast 45:11 47:18 categories 61:20 68:16,17 69:2,7 category 67:20 68:21 69:8 74:6 causes 30:19 36:22 CBR 55:14 CCNH 68:11,23 CCR 2:11,11 census 9:24 35:16 49:13 73:2 Center 3:25 4:8 19:18 22:16 60:8 centered 24:22 centers 65:3 CEO 13:25 certainly 12:21 24:15 40:12 61:22 62:18 certainty 15:1 17:21 28:11,14 certificate 22:14 28:15 52:14 60:7 64:6 76:4 77:11,16 79:1 certificates 21:2 certifications 22:24 certified 1:18,18 25:9 79:3,16</p>	<p>certify 79:5 chair 15:10 24:12 29:22 chairman 64:13 Chairperson 16:18 challenging 30:24 Chamber 13:24 14:2 16:19 Champaign 1:3 1:17 3:15,24 4:1 6:12,22,24 6:25 7:2,4,12 8:23 9:2 10:8 10:13 12:25 13:1,23 14:2,3 14:13 15:10 16:19,20 17:9 17:11 18:6,17 18:22 19:2 21:20 22:2 23:5,10 25:11 25:23 26:12 26:18 28:12,16 28:23,23 30:21 32:12,14 32:15,18,20 33:3 34:14,19 35:25 36:4 41:12 44:11 48:17 50:15 51:20 52:13 56:11,15 57:18 57:22,22 58:9,16,24 59:8,13,16,23 60:1,2,4,8,10 60:11,17 61:15 61:18,22 65:21 66:11 67:1,16 67:25 68:7,8 68:22,25 69:2,3,4,6,7 69:12,17 72:18 72:24 73:14</p>	<p>Champaign... 68:10 chance 66:15 66:21 change 23:11 47:7 66:4 changed 66:3 73:19 changes 7:25 33:15 65:1 character 9:19 35:11 charge 72:1 charging 61:8 Charles 28:20 check 26:1 56:8 checked 12:4 Chicago 11:13 15:16,17 38:24 54:1 chicken 42:25 chicken's 43:1 chipped 40:18 choice 36:25 49:6 50:6 51:6,9 61:9 choosing 49:25 citing 66:11 citizen 24:13 citizens 12:24 13:4 20:25 60:4,10 city 64:14 civil 20:23 claim 15:21 Clark 67:20,21 Claudia 21:17 clauses 72:10 clean 44:1 77:2 clear 16:2 40:24 clearing 5:11 clearly 6:9 21:15 54:3</p>
--	--	--	---	---

PUBLIC HEARING 9/13/2018

69:12 clients 21:22 climbing 19:6 Clinical 15:4 17:24 18:14 22:6 28:17 close 7:12 8:16 33:3 34:7 39:1 47:21 63:7,12 63:19,20 closed 27:16 31:7 63:18 closing 8:19 25:25 26:3,5 28:5 34:10 49:24 51:9 closure 59:24 59:25 clothes 12:11,14 39:23 40:9 cloud 45:11 CNA 50:22 CNAs 51:21 Code 3:21 collapsed 71:15 collateral 11:15 collected 71:8 collective 25:20 56:6 come 11:2 31:23 32:6 36:14 39:19 comes 37:16 comfort 59:15 coming 39:4 comment 31:3 36:19 commentary 52:16 comments 3:7 4:16 16:22 31:21 36:18,19 Commerce 13:24 14:2 16:19 commission	64:14,15 commit 43:2 commitment 26:11,13 committed 43:2 committee 10:1 16:19 35:18 48:10 55:10 60:15 67:14 communicati... 53:1 communities 64:19 community 18:11 19:19,22 21:21 24:24 29:17 30:9 37:12,15 38:5 38:12 41:12 44:15 59:14 63:6 65:3 69:21 75:5,6 75:21,21,22 75:24 76:3,9 76:18 comp 55:3 companies 18:7 22:5,7,11,13,18 22:22,25 23:15,16 26:7 30:7 49:6 77:6 company 18:14 22:3 30:1 37:5 38:1 43:15,16 49:1,7 53:23 53:25 75:6,12 76:4 77:1,3,6 77:12,16,17,17 comparable 54:23 69:6 compare 67:10 compared 23:24 62:16 68:11 69:9,10	comparison 68:21 69:9 comparisons 50:24 comped 68:11 compete 51:3 competency 57:11 competitors 55:17 compilation 68:13 compiled 18:10 68:4,5,6 complained 13:8 complaints 67:8 complete 45:13 59:23 60:4 completed 7:11 17:1 33:2 54:1 61:1 completely 44:23 74:23 completion 4:8 compliance 5:3 8:5 33:21 compliant 14:18 comprehensi... 10:4 35:21 compress 52:15 comprised 29:16 comps 67:18 CON 22:23 concern 24:20 40:4 47:16 concerned 15:18,25 47:20 48:9 concerns 24:25 25:4 26:12 28:8 70:14	concluded 73:18 condition 73:20 conditions 9:15 9:19 25:6 26:7,9 35:7,11 40:13 conduct 3:14 conducted 73:17 conducting 10:3 35:20 confined 11:16 connect 74:24 connecting 53:24 connections 55:18 connects 71:8 conscience 77:2 consider 12:6 53:19 66:23 consideration 10:6 35:23 57:14 consolidated 9:3 34:19 Constantino 2:4 3:2,8 10:24 31:2,5,7 31:12,14 48:4 70:6 71:22 74:21 75:1,4 77:21,23 construction 24:19 44:18 58:13 64:23 consultant 7:24 33:14 46:19 Consultants 11:2 38:21 consumer 21:21 62:6 Consumers	21:20 22:1 23:5 consumption 57:2 contact 76:20 contacts 24:14 contagious 39:8,10 contained 53:15 container 52:16 contingencies 74:1 continue 14:9 15:3 17:13,23 25:7 27:21 47:23 58:14 59:3,18 continued 47:24 49:13 58:24 63:7 continues 21:6 30:10 continuing 8:7 33:23 57:10 73:16 contract 56:18 control 4:3 17:9 28:4 59:8 76:12 conversation 25:5 Cook 38:20 copies 4:18 copy 10:22 32:2 corner 6:17 coroner's 21:2 corp 20:9 corporate 8:10 14:20 29:9 34:1 58:8 corporation 15:23 corporations 22:17
--	---	--	---	--

PUBLIC HEARING 9/13/2018

<p>cost 4:6 20:18 21:8 34:9 54:10 71:4 costing 73:5 costly 44:19 costs 8:18 27:24 54:18 71:7 counsel 56:18 79:7,10 counterparts 20:16 country 43:9 54:3 county 1:3 3:15 3:24 4:1 6:12 6:22,24,25 7:2,4,12,20,23 8:3,8,12,22,23 9:1,2,5,8,15,16 10:2,5,7,8,11 10:13,15 11:5 12:21,23,25 13:1,24 14:2,3 14:6,13,20 15:10 16:19,21 17:1,7,9,11,14 17:15 18:6,17 18:22 19:2 21:4,7,8,20 22:2 23:5,10 23:17 24:1,11 24:15,20,25 25:11,23 26:8 26:12,13,18 27:4,14 28:7 28:10,12,16,23 28:24 29:3,7 29:11,13,15 30:1,21 32:12 32:14,15,18,20 33:3,10,13,18 33:24 34:4,13 34:14,17,18,19 34:22,25 35:7 35:8,19,22,24</p>	<p>35:25 36:2,4 36:6 37:20 40:20 41:9,18 42:3 43:24 44:11 45:8 46:24 47:9,12 47:15,22,24 48:12,17 49:10 49:22 50:2,15 50:25 51:7,13 51:20,24 52:13,18,21 53:2,8,18 54:7 55:7,11,11 56:11 56:15,16,23 57:4,8,19,22 57:22,24,25 58:16,24 59:8 59:13,16,18,24 60:1,2,4,8,10 60:11,17,18,22 61:2,4,15,18 61:22 62:2,19 63:7,14,18 64:1,6,21 65:21,24 66:10,11 67:1 67:16 68:7,8 68:25 69:2,3 69:4,7,12,17 71:5 72:18,24 72:25 73:5,5 73:14,21,23 74:10 76:13 county's 7:13 8:10 18:8 20:24 27:10 28:4 33:4 34:1 45:12 46:14,14 46:21 54:19 57:10 58:8,9 58:21 60:20 73:2 couple 3:17 18:10 45:23 53:10 61:14</p>	<p>65:25 73:1 74:24 courageously 73:22 course 61:2 62:5,23 68:23 court 1:18 2:10 5:25 Courtney 2:8 3:11 31:17 courts 73:10 cover 54:20 58:16,23 59:2 covered 5:8 54:2 created 22:13 creating 22:18 credible 27:25 credit 61:8 criminal 19:23 20:23 crisis 45:19 58:15 criteria 67:3 68:3,5 critical 60:23 62:21 critically 45:3 crown 43:25 CSR 2:11,12 79:17 current 7:7 10:19 24:14 25:15,25 26:2 26:4 32:23 36:10 44:12 56:7 66:19 68:6 currently 9:9 21:10 25:23 35:1 64:2 custom 44:9 customers 61:7 cut 20:3,3,14,15 21:7,11 63:9</p>	<p>cut-off 59:5 cuts 7:13,16 17:2 17:15 20:1,20 27:13 33:4,7 cutting 21:12 75:8 cycle 19:22</p> <hr/> <p>D</p> <p>D-A-N 16:17 26:17 D-I-A-N-E 19:2 daily 58:5 Dan 16:17 26:17 data 9:24 35:16 54:7 58:2 68:4,5,6 date 26:3,5 27:25 64:22 David 41:24 day 1:16 25:25 39:17,17,18 40:1,2 44:3 46:10 50:16,18 58:9 day-to-day 30:3 daycare 21:9 days 26:2 40:9 41:16 56:9 70:25 deal 7:21 10:10 33:11 36:1 38:3 42:10 56:1 69:18 death 21:1 74:4 deaths 67:1,8 debt 8:9 12:22 33:25 49:11,21 50:4 54:17 debts 9:20 35:12 decade 58:7 decades 7:4 14:13 28:22 32:20</p>	<p>December 25:13 45:17 decide 24:2 decided 18:11 deciding 41:11 decision 6:5 19:5 24:18 declaring 14:17 decrease 49:14 deeper 23:22 defender 63:10 deferred 73:11 73:12 deficiencies 29:25 61:11,16 61:23 68:16,17 68:22 69:5 74:6 deficiency 61:20 deficient 8:6 33:22 defined 5:8 degradation 20:20 delays 44:19 delivered 53:18 demanded 38:10 demanding 50:11 dementia 39:11 demise 58:1 demonstrated 14:7 department 2:3 3:9,10 4:12 6:23 13:7 31:15,16 32:13 40:5,25 41:5 41:10 61:4 63:9,10 67:12 76:25 departments 17:13 49:2 61:4</p>
---	--	--	--	---

PUBLIC HEARING 9/13/2018

dependence 58:7	difference 46:13 62:15,15 62:18 64:24	discouraged 26:7	8:18 34:9 53:21	elderly 13:3 24:23 41:11
depending 60:11	differences 62:3	discover 40:16	dozens 28:7 72:22	elected 14:7,10 26:23 29:7 73:21
depleted 27:4	different 15:23 17:12 18:10,18 22:5 30:7 47:1 53:19 64:16,17 77:6	discovered 11:23	Dr 70:2,8 71:22 71:24	election 9:3 34:20
depreciation 26:25 27:2,3 54:18 58:4,6	difficult 19:8,10 20:4 62:3	disease 39:10	drain 75:20	elections 49:15
depressing 40:19	difficulties 21:24	dismal 74:12	dramatically 73:3	electric 17:8
deserve 15:1 17:21,21 28:11 51:15 59:15	dig 71:11	displace 63:20	drawers 40:7	elements 53:10
desire 25:16	diligence 14:7 42:8 43:22 46:24	displays 68:20	drawing 18:17	Eleventh 2:13
desires 44:16	diligently 20:17 57:5	disposal 42:2	drawn 55:10	eligible 25:10 25:17
desperately 45:16	diminished 18:21	dispose 9:6 34:22	dressed 44:8	eliminate 7:15 33:6
despicable 41:18	dip 27:2	disposition 9:18 35:10	Drive 4:4	eliminated 49:7
despite 61:23 62:21 74:8	dire 7:8 32:24 73:20	disputing 40:20	driving 65:1 71:18	eliminating 8:17 17:4 34:8
detail 45:2	direct 21:22	disqualified 67:5	dropped 73:3	elimination 33:9
detailed 54:8 55:24	direction 8:2 33:17	disseminating 53:3	dropping 61:7	Ellyn 55:16
deteriorating 7:22 33:13 47:9	directly 54:19	District 60:17	drove 11:2 38:21	email 70:4,9
deterioration 8:8 33:24 58:24	Director 13:23	districts 64:16 64:25	drunk 39:7	emergency 59:2,11
determination 57:6	dire 7:8 32:24 73:20	division 9:12 35:4	due 7:22 13:6 14:7 17:9 33:12 41:8 42:8 43:22 46:24	emotions 62:4
determine 51:4 67:6	direct 21:22	doctor 70:3	dump 41:2	emphasize 45:3
determined 8:15 29:15 34:6 42:7,8	direction 8:2 33:17	documentation 4:19	dumped 38:25	employed 28:24 79:8,10
determining 10:2 35:19	directly 54:19	documents 74:15	dusty 40:7	employee 79:10
detrimental 12:24	directors 8:1 13:25 29:13,16 30:9,15,17 33:16 53:14	doing 37:9 41:6 41:20 47:21 62:7,7 64:24 75:17	E	employees 9:20 10:14 14:4,25 15:5 17:20,25 25:21,25 26:2 26:4,11 35:12 36:5 45:8,8 47:13,13 52:22 56:7,9 57:9 58:16 62:11 73:2
develop 56:18	dirty 40:7,18	dollar 44:21	E 2:1,1	employs 73:1
developed 28:1 53:14,17 55:19	Disabilities 60:25	dollars 14:8 37:15 40:21 41:3	earlier 38:19 44:24	empowered 76:16
Diane 19:1	disabled 41:12	door 5:18	earthquake 71:16,18,21	enacted 27:14
died 70:19	disappointed 50:25	Dorothy 70:17	ECC 68:12,23	
	disaster 45:6	dot 63:25 68:2 68:16	economies 10:18 36:9	
	disastrous 74:3	dotted 46:7	edge 71:15	
	disclaimer 24:12	doubt 45:11 47:18	effect 25:12	
	disconnect 17:8 59:7	downsizing	egregious 68:15	
			eight 20:3,14 24:6 27:24,24 52:15 69:3 74:6	
			either 7:12 33:3	

PUBLIC HEARING 9/13/2018

<p>encourage 15:3 17:23 60:6 72:5 ended 55:12 energy 7:21 10:10 33:11 36:1 enforcement 20:22 21:3 engaged 30:8 engaging 30:6 ensued 45:19 ensure 5:6 10:11 60:3 entered 5:22 enterprise 43:8 43:9,17 61:5 entire 13:10 27:13 56:20 entities 17:7 entity 14:24 17:15,19 42:9 51:8 67:6 environment 30:24 equivalent 7:15 33:6 error 73:18 especially 43:16 50:18 establish 53:6 established 21:22 establishments 38:22 estate 4:1 21:1 22:16 45:21 54:24 60:9 estimates 54:14 evaluation 10:1 35:18 53:11 54:5,21 55:1 55:10,19 evaluations 9:9 35:1 54:1 evening 11:7</p>	<p>32:9 52:9,12 57:17 64:11 65:17 event 70:5,10 evidence 66:22 evident 66:2 Ex-board 71:2 exact 64:22 75:15 exactly 41:20 examine 67:7 exceeding 7:9 32:25 executing 14:11 exhaust 48:15 existed 44:23 existing 3:22 expand 72:1 expect 47:23 expected 46:25 53:7 expects 10:15 36:6 expended 7:20 10:11 33:10 36:2 expenditures 54:9 expense 27:10 expenses 27:12 experienced 8:4 33:20 74:5 expertise 10:16 29:7,17,19 30:2 36:7 explain 39:15 explicitly 75:13 explore 55:7 expose 5:12 65:19 exposed 72:2 expressed 55:9 expressway</p>	<p>71:13,14 Extended 15:3 17:23 18:14 22:6 28:17 77:5 extensive 29:23 extent 42:16 eyes 50:23</p> <hr/> <p style="text-align: center;">F</p> <hr/> <p>F-A-R-N-E-Y 57:18 F-I-E-L-D-S 15:9 faced 29:3 facilities 1:1 2:7 3:12,20 4:11 4:25 5:7 8:22 31:18 34:13 53:23 54:2 55:3 60:22 62:14 65:13 facility 3:23 4:4 4:7,13 10:17 12:11,12 14:9,16 21:7 24:19 25:8,16,18,25 26:14 30:23 36:8 38:24 40:8,11,14 56:4,5 64:3 65:4 fact 15:14 23:1 30:12,20 40:20 54:13 63:22 75:21 facts 68:24,24 69:15 factual 43:23 57:21,24 fail 14:16 failed 47:6 failing 29:10 59:1 fails 59:16 failure 30:11</p>	<p>59:23 failures 30:19 58:20 fair 16:5 falling 29:8 families 28:11 45:7 47:12 50:9 51:19 62:4 65:6 family 12:21 22:5 40:24 43:17 51:19 67:8 far 58:2 Farney 57:17,18 fat 41:5 favorably 70:21 February 7:10 8:7 14:23 33:1 33:23 federal 5:3,4 14:17 22:21 23:16 41:14,17 feedback 57:4 feel 20:10,19 41:9 43:18 feelings 43:20 felt 45:21 54:4 55:17 fewer 75:18 fiduciary 57:23 Fields 15:8,9 figure 61:6 figured 54:15 filthy 39:23 40:7 final 16:8 finalized 15:6 18:1 finally 12:5 21:6 69:6 finance 27:21 29:19 58:5 finances 8:8 26:22 28:8 33:24 57:22</p>	<p>58:25 financial 7:6,7 7:22 8:11,15,16 9:24 13:15 14:14 17:6 19:25 23:18 24:1 27:25 30:11 32:22 32:23 33:13 34:2,6,8 35:16 38:2 45:2,13,19 46:16 53:16 54:8 57:11 58:1 73:20 financially 79:11 financials 16:24 find 7:21 16:8 18:18 19:20 33:11 40:22 55:5 findings 4:20 4:24 23:6 fined 41:2,2 fingernails 40:9 firm 8:3 15:13 33:19 42:9,14 42:24 43:22 43:25 47:14 54:1 firms 9:11 35:3 55:8 first 6:12 15:25 20:22 26:2,4 26:23 27:1,24 29:22 30:5 37:14 49:16 53:3 56:9,10 62:1 71:13 five 18:2 25:24 41:16 55:3 70:17 fix 28:1 flaw 30:12 flexibility 59:20</p>
--	--	--	---	--

PUBLIC HEARING 9/13/2018

flip 43:3	four 16:16 25:21	funds 27:5	giving 36:23	59:16,18
floor 40:18	40:17,18 42:4	58:13,21 59:21	glad 3:4 38:13	governmental
46:19	46:10 61:20	61:3	46:10	30:21 64:16
flow 27:23	68:17 69:5	further 41:17	Glen 55:16	65:7
58:15,19	70:17	79:9	global 45:19	Grasmere
focused 24:17	Fourteen	future 8:13 17:12	go 12:13 18:11,17	40:14
53:2	55:20	34:5 57:12	21:15 37:15,16	great 7:21 10:10
folks 3:2 62:24	Francisco 71:15		37:23 42:11	33:11 36:1
followed 18:8	frankly 55:21	G	43:12 45:10	70:19,25
following 3:1	66:18	G-A-R-R-E-T	48:18 62:11,24	greater 10:16
9:7 25:6 26:3	frequently	13:22	65:9	36:7 69:13
34:24 39:3	18:15	G-R-E-E-N 11:6	God 40:22	Green 10:25,25
68:4	friend 45:20	38:17	goes 75:6,24	13:20 38:17,17
FOLLOWS 31:11	67:21	game 48:2	going 3:2 11:9	39:3
food 49:3 51:21	friends 15:10	Garden 11:13	13:4,17 16:5	grievous 74:3
59:6	70:19	Garrett 13:22	17:11 20:5	group 55:14
footing 24:3	front 47:2	gate 11:18	31:12 36:19	67:15,17 68:1
for-profit 48:16	50:24	gather 68:2	37:7 38:2,18	69:19
49:5,6 50:20	frustrating	gathering	45:1,5,24,25	groups 62:6,14
51:3	48:23	53:22	46:2,3,4,18,20	guys 41:5
force 25:1	full 6:10 8:13	general 8:10	47:21 53:9	
forced 7:12 17:2	17:4 30:17	14:20 19:12	63:9 70:24	H
28:4 33:3	33:5 34:5 74:1	20:9 21:11	71:19 72:6	H-A-L-E 18:4
59:10	75:25	27:10,13 34:1	76:14 77:10,11	H-I-L-L 13:23
forcing 17:15	full-time 7:14	54:19 58:8,9	good 3:4 6:19	H-U-R-L-E-Y
foregoing 79:5	fun 39:25	58:19,22,22	14:8 15:4	16:18
forenoon 1:15	function 64:16	59:20 70:11,15	17:24 28:20	hair 39:23
forgave 8:9	65:7	generated	31:12 32:9	Hale 18:3,3
27:19 33:25	functional	55:22 58:13	43:18,18 44:3	half 44:10 61:18
form 6:17	65:12	generously	45:22 46:15	69:5 71:17
formed 22:17	functioned	51:24	47:10 52:9,12	hallway 3:13
former 65:21	26:13	gentlemen	54:3 57:17	31:17
formulate 53:5	functioning	67:18 68:15	61:12 62:1	Hamlin 1:17 2:11
formulated	42:9	George 2:5 3:9	64:11 65:17	6:2 79:3
53:5	fund 8:10,21	31:15,25	69:20 71:6	hand 61:17
forth 9:15 35:7	14:20 19:13	getting 47:23	72:16 77:17	71:23
forthright 42:9	21:11 26:25	gifts 44:25	Goodwill 12:13	handed 70:8
forward 13:16	27:2,3,11,11,13	gigantic 71:10	gosh 75:13	handle 54:3
21:15 41:17	27:14 34:1,12	give 12:12 18:5	gov 63:25 68:2	handling 43:8
45:4 65:9	44:22 53:20	21:19 26:22	68:17	happen 36:22
70:23	54:19 58:4,4	32:2 45:21,25	governance 8:1	40:16 63:22
forwarding	58:6,8,10,19	48:11 74:21	33:17	happened 11:3
70:24	58:21,22,22	given 3:21 11:8	government	13:1 41:18
found 15:14	58:23 59:18	25:11 51:10	14:17 17:14	44:20 71:1
41:19 61:23	71:6	57:10 66:13	22:21 23:16	72:4
66:16	Fund's 59:20	68:20	24:16 41:14	happening 13:2

PUBLIC HEARING 9/13/2018

<p>happens 41:11 happy 5:19 61:25 hard 19:24 51:14 51:23 67:4 69:19 hardship 23:18 harm 61:11,21 68:18 hate 42:10 43:15 head 19:4 health 1:1 2:3,7 3:9,10,12,20 4:11,12,24 5:6 5:8,9,10,12,14 13:8 15:4 17:24 22:6 28:16 31:15,17 31:18 40:5,25 41:5,10 76:25 Health's 67:12 healthcare 5:10 6:10 12:3 21:20,23 22:1 23:5 29:19 40:12 hear 51:8 heard 16:7 20:2 20:5 71:2 73:25 74:2,8 hearing 1:5,14 3:5,14 4:10,14 5:15 13:13,13 13:14 31:13,20 41:13 77:10,23 78:1 79:5,9 hearings 5:7 37:6,13 hearsay 42:10 heart 19:5 heck 13:17 held 1:14 4:10 Hello 10:25 36:15 70:2 help 5:19 7:24</p>	<p>33:15 38:6 40:3 53:15,20 53:25 helped 65:25 helpful 76:19 helping 70:22 Hi 48:7 higher 54:11 61:19 64:2 69:1,2,3,5,8 highest 69:9 highly 8:4 30:23 33:20 Hill 13:22,22 16:20 hired 8:3 9:13 30:1 33:19 35:4 49:1 historical 26:21 48:11 58:2 history 22:20 23:2,3 26:24 43:10 48:19 67:7 70:25 holder 56:16 hole 23:22 home 1:3 3:15 3:24 4:3 6:13 6:24 7:6,12,17 7:18,22,23 8:2 8:6,8,12,14,16 8:22,24,25 9:4,6,10,14,18 9:19,21,22 10:9,14,20 11:4 11:5,11 12:6,10 12:21,23 13:3 13:5,8,18 14:13 14:15,19,22 15:2,11,20 16:5 16:6,6,9,23 17:12,15,22 18:7,9,19,21 18:23 20:1,18 21:6,11,12 22:2 22:8,19 23:9</p>	<p>23:10,17,24 24:2,17,22 25:2,5,8,8,15 25:15 26:12,13 26:22,23 27:2 27:4,8,15,18 27:21,22,23 28:3,9,9,10 28:23,25 29:3,12,15,21 29:24 30:10 30:20 32:14 32:22 33:3,8 33:9,12,13,18 33:22,24 34:3 34:6,7,13,15 34:16,21,23 35:2,6,10,11,13 35:14 36:1,5,11 38:9,11 40:6 40:21 41:25 42:1,2,4,9,24 43:2,8,13,24 44:1,15,22 45:5,7,8,13 47:4,13 48:12 48:13,14,18,20 48:23 49:2,3 49:9,10,16,18 49:21,24 50:1 50:1,3,7,8,15 50:22,25 51:3 51:7,9,10,11,20 52:14,23 53:4 53:6,11,14,15 53:20,21,21 54:9,20,22 55:6,19,21 56:2,15 57:9 57:12,12,23 57:25 58:1,3,4 58:7,11,14,17 58:17,23,25 59:4,9,13,14 59:21,24,24 60:3,10,18</p>	<p>61:3,5,13,15,18 61:22 62:4 63:3,6,7,8,11 63:13 64:6,23 65:11,12 66:7 66:11,25 67:1 67:7,9 68:7,9 68:19,25 69:3 69:7,12,12,17 70:21 72:24 73:15,19 74:5 74:11 75:6,9 75:10,13,14,17 76:3,7,17,21 76:22 77:5 home's 7:7 19:24 24:1 29:2 32:23 58:12,19 59:19 59:21 67:7 69:4 homeless 11:12 11:22 homes 12:18 15:16,23 18:12 18:13 21:25 22:4,10,21 23:1,2,4,16 42:14 48:16 50:10,14,20 59:3 62:16 64:18,20 66:12 67:12 68:6,8,10,13 68:14 69:10,11 69:13 74:9 75:7 77:18 honest 46:16 Honorable 60:15 hope 28:14 48:18 50:21 51:10,18,23 76:16,24,24 hopefully 24:3 hopeless 40:19</p>	<p>hospital 5:10 12:4 hour 44:10 hours 1:15 11:2 38:21 40:9 house 27:13 45:16 46:11,12 housekeeper 11:11 housekeeping 51:22 houses 5:11 70:17 housing 9:11 35:3 45:18,20 55:15 huge 20:15 human 29:19 Hurley 16:17,17 Hyatt 1:16</p> <hr/> <p style="text-align: center;">I</p> <hr/> <p>IBA 55:17 idea 26:22 48:12,13 identical 56:1 identified 29:24 identify 7:25 33:15 idiots 71:13 IDPH 22:8 63:16 IL 1:19 79:3,17 Illinois 1:17 2:3,7 2:12 3:8,10,11 3:19,20,23 4:5,11,12,13,24 13:7 23:19 31:15,16,18 40:5,25 41:4 41:9,9 43:25 54:11 55:2 60:16 61:19 67:12 76:25 79:4</p>
---	--	--	---	--

PUBLIC HEARING 9/13/2018

imagine 11:17	increase 9:3	instances 66:18	ironically 11:20	knew 49:20
immediate	34:20 47:1	institutional	41:1	50:14
59:11 61:21	49:16,17,19	9:11 30:22	issue 24:22	know 5:25
68:18	50:13 61:3	35:3 55:13	issued 17:8	12:18 19:4
immediately	increasing 8:21	instrumental	59:7 73:22	39:9 41:6,20
15:14	8:24 34:12,15	70:22	issues 11:15	42:17,20,21
impact 16:23	independent	insurance 5:9	27:23 28:1	42:25 47:16
impairment	9:9 35:1	38:12 73:4	29:11 44:19	47:22 48:24
39:7	Indiana 42:20	insure 36:2	items 14:15	50:15 61:13
imploding	76:20	intended 71:7	20:10,24	66:5 67:19,24
45:18	indicated 54:10	intention 16:2	60:24 62:20	70:18 71:1
implosion	indicates 26:10	interest 4:15		73:13 76:13,14
45:20	indication 27:1	30:14 41:25	J	knowledge
important 6:8	indications	55:9 61:8	J-U-L-I-E 36:16	30:22 57:21
19:12,16,20	63:25 64:4	70:11,12,15	jail 60:24	known 4:7
20:10,11 45:4	indigent 24:23	73:7	January 9:16	kosher 16:10
63:5 64:4	individual 5:12	interested 43:6	35:8 73:23	
76:10	5:13 29:9	56:19 76:1,6,7	Jeff 64:11	L
importantly	66:16	79:11	jeopardy 27:12	L 1:17 2:11
56:13	individual's	interesting 16:8	61:21 68:18	L-A-K-E-R 41:24
impressed	5:14	71:16	jewel 44:1	L-A-N-S-F-O-...
18:12	individuals	interests 10:13	job 39:4,5	28:21
impression	24:15 29:17	14:25 17:20	40:18 45:17	L-E-N-N-H-O-...
36:23	individuals' 5:8	36:4	47:14	21:18
improve 24:1	industry 29:8	internal 54:13	John 57:18	L-I-N-D-A 38:17
74:13	29:10 30:2	internet 4:22	jointly 22:7	labels 12:17
improved 49:13	40:16 43:10	40:17 56:25	judges 63:10	lack 57:10
improvement	45:18	intervene 39:13	Julie 36:15	lady 12:15 66:2
30:4	influence 76:15	40:1	July 7:8 11:7	66:20 70:16
inauspicious	information 5:8	intimate 57:21	14:21 32:24	lag 23:20
52:23,24	5:12,14 9:25	investigated	73:21	Lake 38:20
incidents 66:12	18:10 23:14	9:1 34:17	justice 7:16	Laker 41:24,24
66:16,24,25	35:17 53:4,22	investigating	19:23 20:6,24	land 15:21 64:17
include 59:21	55:23 56:1	8:13 34:5	33:7	Lansford 28:20
included 9:18	57:24 68:2	investigation		28:21
35:10 53:19	infrastructure	13:10	K	large 14:15
56:3 62:5,5	17:18	Investment	K-I-P 72:17	24:21 27:22
includes 73:6	injections 73:4	55:16	keep 19:22	49:4
including 8:22	input 18:5 21:19	invited 62:14	20:17 27:8	largest 56:15
21:9,23,24	insider 40:17	invoices 7:9	59:1 63:11	Lastly 72:13
29:18 34:13	insolvent 65:8	14:22 32:25	73:19 76:12	lasts 20:7
54:7 60:24	inspection 68:3	involved 11:24	keeping 76:12	late 11:9
61:4 68:7,25	68:4	12:2 14:25	kind 16:6 40:11	latest 41:4
72:20	inspections	17:20 42:16	42:5,6,24	laugh 39:12
incorporate	67:8,10 74:12	43:1,1 71:25	45:3 53:7	laundry 49:3
57:3	instance 43:17	72:20 76:17	kinds 44:18	51:22
			Kip 72:16	

PUBLIC HEARING 9/13/2018

<p>law 20:22 72:19 Lawrence 70:2 laws 5:4 lawsuit 58:12 lawsuits 74:4 lawyer 13:14 layer 71:19 lead 14:12 17:3 leadership 37:11,25 38:3 leading 9:8,10 28:22 34:25 35:2 league 44:10 learn 72:3 leasing 8:18 34:9 72:21 leave 42:19 51:5 leery 43:7 left 8:23 11:18 12:11 34:14 38:18 legal 28:4 legitimate 37:4 Lenhoff 21:17 21:18 level 8:2 25:18 29:14 30:14 33:18 67:11,25 levies 8:25 34:16 liability 15:24 licensed 56:4 63:17 licenses 56:16 Licensing 41:10 licensure 67:13 life 13:10 72:18 light 47:25 48:1 73:20 limit 6:6 limitation 7:18 30:19 limited 62:8 limiting 62:9</p>	<p>limits 15:23 Linda 10:25 38:17 Lindsey 67:20 67:21 line 37:14 46:7 76:8 list 15:16 listen 37:25 listened 36:20 literally 58:25 Litigation 2:12 little 41:16 60:20 68:9 live 19:14 56:24 57:2 63:15 lived 72:18 living 55:15 65:4 LLC 3:25 4:1 15:4 17:24 60:9,9 load 11:10 loan 58:15,20 loans 8:10 27:7 27:9,10,17,20 27:24 34:1 44:25 58:10 58:14 59:2,19 local 8:21 34:12 48:10 located 4:4 locations 67:17 67:24 long 25:16,17 37:7 40:9 47:8,22 58:7 long-term 3:22 28:1 29:7,10 30:2,23 53:23 60:3 longer 24:16 49:25 50:6 58:20 look 17:2 18:11 42:24 43:18</p>	<p>53:10 54:23 62:2 63:5 69:20 76:24 76:25 77:15 looked 55:2 looking 17:16 62:4 70:23,24 looks 40:25 loose 40:7 lose 38:10 losing 38:9 44:22 50:15 50:18 54:16 76:2 loss 7:14 17:3 33:5 losses 7:18 19:25 29:4 33:8 45:2 47:9 73:7,13 73:16 lost 12:19 40:21 lot 12:7 40:15 45:9 46:12 47:24 53:15 57:6 62:23 71:11 75:16 lots 62:3 loudly 31:24 Louis 2:13 lousy 46:3,8 love 48:12,13 loved 28:12 low 20:18 lower 69:10 lowered 20:12 loyalties 51:14 LPNs 16:1,3 lucky 6:2 45:24</p> <hr/> <p style="text-align: center;">M</p> <hr/> <p>M-A-R-S-H 60:16 M-I-C-H-A-E-... 19:2 Mahomet 60:16</p>	<p>maintain 7:5 14:14 19:16,25 20:9,18,18 32:21 56:4 maintaining 8:21 34:12 50:2 51:7 maintenance 60:22,24 73:12 majority 7:1 10:7 32:17 35:24 63:2,8,12 making 67:15 man 11:20 70:15 manage 7:22 33:12 47:10 managed 20:23 25:9 48:20 management 7:6 8:3,5 10:17 14:14 29:18,25 30:1,3,7,7 32:22 33:19 33:21 36:8 49:1,7 53:25 65:23 72:21 manager 22:15 30:13 mandate 14:11 20:7 mandated 7:13 7:15 14:8 17:3 17:14,17 19:13 20:3,25 33:4 37:19 mandatory 73:9 Marcus 9:12 35:4 55:12 margin 54:14 73:17 market 45:20 54:3 55:18 marketed 9:22</p>	<p>35:14 marketing 9:23 29:19 35:15 53:24 marriage 21:1 married 70:18 Marsh 60:15,16 Mary 48:7 materialized 74:1 materials 4:19 math 64:24 matrix 53:18 matter 43:20 51:8 matters 12:9 37:18 maximum 76:1 meals 49:13 mean 19:15 20:20 40:11 43:12 69:16 Meaning 30:16 means 49:12 50:4 65:19 76:13 meant 75:19 measure 74:9 mechanism 42:5 median 54:12 Medicaid 23:21 23:21,24 24:23 25:9 50:13,16,19 56:15,16 75:25 medical 11:1 38:20 41:1 43:10 65:13 70:3,12,13 Medicare 22:9 61:13 63:25 68:2,16 meet 17:13 27:24 53:16</p>
--	--	---	--	---

PUBLIC HEARING 9/13/2018

<p>meeting 5:2,24 6:5 27:12 57:1 66:9 meetings 37:13 48:22,23 49:21 56:22 56:23 62:20 66:9,15 member 29:6 29:16 33:16 37:12 65:21 67:14 71:3 members 5:23 5:23 6:4 7:2 24:21,25 30:8 32:18 41:16 51:19 60:15 75:18,21,22 memo 52:20 memorandum 9:24 35:16 memories 71:8 men 11:19 mention 16:1 mentioned 16:1 44:24 47:3 Merit 1:19 79:4 79:15 met 53:22 method 68:1 methodology 55:4 methods 54:22 Michael 2:4 Michaels 19:1,1 21:14 microphone 39:2 middle 11:17 12:16 38:25 70:16 Midway 11:1 Mike 3:8 31:14 miles 69:6 Millichap 9:12 35:4 55:13</p>	<p>million 4:7 7:9 8:9 14:20,22 27:8,8,18,18 27:20 29:4 32:25 33:25 44:21,22 46:17 49:21 49:22 54:15 54:25,25 55:4,20,20,21 56:2 58:10,11 60:23 73:6 millions 40:21 Mind 40:4 minds 73:19 mine 50:9 minimum 60:21 minutes 3:17 6:7 13:19 52:15 Mission 11:13 Missouri 2:11,13 MO)and 1:18 model 8:15 29:6,10,12 30:4,5,12 34:6 mold 44:19,19 money 20:5 37:14,24 38:9 38:10,11 40:15 40:16 41:6 44:22 46:22 71:25 72:8,9 76:2 month 19:7 20:8 58:15 77:14 monthly 48:22 months 20:7 26:5 27:24 56:10 67:21 71:17 mother 12:14,15 12:17 48:17 motion 13:15</p>	<p>motivated 48:14 mouth 46:5 move 45:4 moved 41:16 70:16 moving 45:16 multifactorial 60:19 multiple 11:14,15 29:24 39:6,9 musty 39:24</p> <hr/> <p style="text-align: center;">N</p> <hr/> <p>N 2:1 N-U-D-O 65:18 name 3:8 6:1,9 6:10,20 10:25 12:17 13:22 15:8,15 16:17 18:3 19:1 21:17 24:9 26:17 28:20 31:14 31:24 32:9 36:15 48:7 52:10,10 57:18 64:11 65:17,18 70:7 72:16 75:1 named 70:17 national 9:10 35:2 37:16,17 55:14,15 nationally 9:22 13:2 35:14 nearly 14:3 26:25 27:7,12 73:1 74:9 necessary 73:11 necessities 59:6 need 3:15 4:17 21:15 22:14 27:4 28:15 38:5,13 46:1,5 46:6,21 48:15</p>	<p>50:11 52:14 58:20 59:14 60:7 63:5 64:7 66:3,3 76:4 77:11,16 needed 45:16 54:20 55:7 59:13 needing 14:16 needs 5:3 11:10 11:12 24:2 59:16 negative 54:14 neglecting 75:7 77:18 neighborhood 19:15 neighbors 76:20 Neil 1:17 neither 43:5 49:19 79:7 net 54:14 56:13 neurological 11:1,2 38:20 neurologist 11:24 never 41:1,2 49:13 72:2,3,3 new 10:16 12:11 12:12 22:13,18 22:24 24:19 29:12 30:4 36:7 42:20 45:17 50:22 51:17,23 64:3 64:23 68:12 77:1,6,12 newspaper 3:16 nice 12:6 42:15 42:15 44:1 night 11:18 38:25 nine 1:15 55:8 68:8,10 72:13</p>	<p>72:15 nix 48:1 non-budgeted 27:7,17 59:19 non-mandated 7:18 17:5,16 21:8 33:6,9 59:1 non-mandato... 73:8 76:10 Non-payments 61:6 nonpayment 17:9 59:8 nonprofit 49:8 nonstatutory 61:5 norm 44:2 north 1:16 2:13 71:19 Northern 43:25 note 5:6 noted 40:6,8 notice 3:16,21 25:11 41:17 notices 59:5 notification 5:4 November 8:23 34:14 52:19 73:17 Nudo 65:17,17 70:13 number 1:3 3:23 6:18,18 10:12,24 13:21 15:7 16:16 18:2 18:25 21:16 24:6,8 25:14 26:16 28:19 30:8 31:25 32:1 36:3,14 38:16 41:23 42:3 44:5 48:6 52:1,4,6 52:7 57:16 60:13 62:8,9</p>
---	---	---	---	--

PUBLIC HEARING 9/13/2018

63:25 64:9 65:16 66:17 69:23 72:13 72:15 74:6 numbers 61:13 numerical 6:14 numerous 42:18 59:4 nurse 39:19 nurses 39:3,4,5 51:21 nursing 1:3 3:15 3:24 4:3,3 6:13,24 7:6,17 7:18 8:2,8,12 8:22,24,25 9:4,6,10,14,18 9:19 10:9,14 11:4,5,11 12:6 12:10,18,21,23 13:3,4,8,17 14:13,15,19,22 15:11,16,20 16:9,23 18:6,9 18:12,13,19,21 18:23 19:24 21:6,12,25 22:2,4,8,19,21 23:3,8,10,17 23:25 24:2,17 24:21 25:2,5,7 25:8,15,18 26:12,21,23 27:15,21 28:9 28:23 29:2,3 29:12,15,20 29:24 30:10 30:20,23 32:14,22 33:8 33:9,18,24 34:3,13,15,16 34:21,23 35:2 35:6,10 36:1,5 38:9,11 40:6 40:21 41:25 42:1,2,4,8,14	42:24 43:2,8 43:13,24 44:15,22 45:5 45:7,7,13 47:3 47:13 48:12,13 48:16,17,23 49:9,10,16,21 49:24 50:1,1,7 50:8,14,15 51:11,20 52:13 52:23 53:4,13 55:2 56:5 57:23,25 58:17,22,24 59:9,13,24 60:3,10,18 61:5,15,18,22 63:3,11 64:6 64:18,20 65:11 65:11 66:7,11 66:25 67:1,7,9 67:11 68:6,7,8 68:13,13,25 69:3,4,7,12,17 70:21 72:24 73:14,19 74:5 74:9,11 75:6,7 75:9,10,13,14 75:17 76:3,6 76:17,21,22 77:5,18 nuts 72:2 <hr/> O o'clock 1:15,15 31:8 obligation 45:13 56:6 obligations 58:23 obtained 9:10 35:2 obtaining 21:1 53:3 obviously 23:2 50:20	occupation 24:19 occurred 47:7 66:12,16 October 4:22 5:1,23 6:5 odor 18:15 39:22 offer 24:12 45:24 46:2,3 46:6,8,9,9,15 46:15 73:25 74:1 office 26:18 39:23 56:17 58:2 73:10 offices 20:21 official 73:21 officials 14:7,10 55:11 Oh 75:13,16 Okay 3:2 13:20 31:7,24 70:8 72:13 74:18 76:8 77:23 old 7:10 14:23 24:18 33:1 77:14 older 70:20 on-line 55:24 once 18:1 20:25 43:2 45:15 one-sided 48:10 onerous 26:7 ones 28:12 ongoing 24:22 30:10 66:8 open 4:14 47:3 55:12 56:22 63:11 77:1 opened 44:17 opening 31:21 operate 14:10 21:6,8 22:19 25:7 30:13	57:11 67:6 operated 28:23 operating 23:3 27:3,5,11 29:4 47:14 54:14 61:24 73:7 operation 8:19 10:17,19,19 25:14 27:22 29:2,3,14,20 30:10 34:10 36:8,10,11 47:4 58:13 59:15,17,19,21 67:22 operational 4:2 7:23 29:6,12 33:14 53:16 operations 29:24 30:3 42:17 58:5 67:9 operators 66:25 opinion 28:3 36:21 48:19 65:10 opinions 62:20 opponents 74:8 opportunity 4:15 5:16 18:5 21:19 47:19 63:24 oppose 66:10 opposed 16:4 18:6 23:8 opposing 22:1 22:2 opposite 71:10 opposition 4:24 option 8:17 34:8,15 50:3 50:8 53:18 65:14	options 8:13,24 8:25 9:1 34:5 34:16,18 51:10 53:17,19,22 62:2 oral 5:11 order 5:6 6:14 13:12 17:8 59:7 63:10 65:9 66:5 ordinance 64:15 organization 14:3 21:21 organizational 15:19 organizations 18:10 originally 62:22 71:7 77:4 ounce 46:24 outcome 28:6 57:7 79:11 outcomes 30:14,17 outlined 14:6 outside 5:18 11:18,20 56:18 65:23 68:10 outstanding 19:6 27:20 46:15 over-bedded 63:16 over-policed 37:21 overall 8:1 33:17 74:11 overloaded 12:1 overnight 48:3 overruns 71:4 oversight 29:6 29:14,20 30:3 49:10 overspend 49:11
--	---	---	---	---

PUBLIC HEARING 9/13/2018

<p>overstaffed 75:14</p> <p>overwhelmin... 65:24</p> <p>owes 14:20</p> <p>owned 18:13 21:7 22:5,21 30:20 42:14 43:24 50:6,7 50:7 51:7 72:22 74:10 76:5</p> <p>owner 15:2 17:22 30:13,15 51:7 59:17 66:3 75:12 76:22</p> <p>owners 10:16 36:7 41:19 50:22 51:17 51:23 68:12</p> <p>ownership 3:22 7:3,11 18:20 23:11 28:15 32:19 33:2 50:2 60:7 66:11 72:21</p> <p>owning 44:16</p> <p>owns 40:14</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>P 2:1,1</p> <p>P-O-P-E 72:17</p> <p>p.m 31:9,11 78:1</p> <p>Pacific 11:13</p> <p>pack 11:19</p> <p>page 50:24</p> <p>paid 18:22 20:9 27:19 47:23 61:9</p> <p>paint 40:18</p> <p>paper 50:24 59:7 77:19</p> <p>paragraphs 72:10</p> <p>part 3:21 16:11</p>	<p>22:23 23:19 50:16 65:7 76:9</p> <p>partial 37:18</p> <p>participants 25:10</p> <p>participate 56:25</p> <p>participated 62:15</p> <p>particular 15:12 16:13 23:11 38:23 56:23</p> <p>parties 4:15 55:10 79:8,10</p> <p>partnerships 53:20</p> <p>pass 26:1</p> <p>passed 44:12,13 49:19 56:8 65:24 70:22</p> <p>path 7:3 14:12 32:19 60:18</p> <p>paths 17:11</p> <p>patient 11:3,7,14 37:2 38:23 39:6,13,21 40:1 41:3 50:16</p> <p>patients 12:2 18:15 38:4 41:7 50:11,19 56:15 65:6</p> <p>Paul 58:25</p> <p>pay 23:23 58:25 61:9 72:8 73:3 75:5,6,24 76:3</p> <p>payable 7:8 14:21 32:24</p> <p>paying 50:4</p> <p>payment 59:3 59:11</p> <p>payments 23:21</p> <p>payroll 19:9</p>	<p>27:24 52:22 58:16,23 59:3 73:3</p> <p>pending 74:4</p> <p>people 15:15 16:5 19:10,15 19:22 20:2 21:4,23,24 37:21,22,23 38:1,7 39:11 40:8,15,17,18 42:13,22 43:19 45:1 47:23 48:2 62:4,6,17,21 65:5 66:22 69:1 70:19 71:14 72:5 75:10,16</p> <p>percent 20:3 25:8 26:1,4 44:14 54:5,15 56:9,10,14 73:2,18</p> <p>percentage 50:19</p> <p>performance 16:7</p> <p>period 44:20 52:19</p> <p>permit 9:8 34:25</p> <p>persist 28:2</p> <p>person 12:20 37:5</p> <p>personally 42:22</p> <p>personnel 8:4 17:17 33:20</p> <p>persons 5:2</p> <p>perspective 48:11 68:12 72:24</p> <p>pertains 16:23</p> <p>pertinent 5:3 9:24 35:16</p>	<p>Peter 58:25</p> <p>phones 39:12</p> <p>physician 7:17</p> <p>pick 38:18 71:4 71:7 72:8</p> <p>picture 24:1 69:20</p> <p>pictures 39:11 40:16</p> <p>pig 42:25 43:2</p> <p>piled 49:12</p> <p>pill 11:8</p> <p>pills 40:7</p> <p>place 1:16 11:9 11:12 13:15 20:24 22:13 30:5,6 40:14 42:15 49:8 71:13</p> <p>places 42:16 63:21</p> <p>plan 28:1 53:14</p> <p>planning 3:20 4:13 64:14,15</p> <p>plans 5:10 74:13</p> <p>please 5:6,17 6:6,9 31:23 32:2 36:14 38:16 44:6 50:12 51:25 52:2 72:9 75:23 76:16 77:15</p> <p>plus 44:14 68:8 68:11</p> <p>PM 3:1</p> <p>podium 44:5 48:6 52:2,8 60:14 64:10 65:16 69:24 72:14</p> <p>point 20:6 46:23 47:16 55:6 60:23 70:14 75:10</p> <p>pointed 74:7</p>	<p>points 16:25 66:17 74:25</p> <p>police 17:17 37:13 38:10</p> <p>Policy 13:23 16:18</p> <p>poll 73:17</p> <p>poor 37:22 49:10 76:2</p> <p>poorly 75:17</p> <p>Pope 72:16,16</p> <p>population 8:18 25:3 34:9</p> <p>Portability 5:9</p> <p>portion 49:4</p> <p>portrayed 58:1</p> <p>position 7:23 30:16 33:8,13 42:6 46:21 49:25</p> <p>positions 7:15 17:4 33:6</p> <p>positive 62:15</p> <p>possibility 72:11</p> <p>possible 8:2,19 28:5,9 33:18 34:10 57:7</p> <p>possibly 42:10 46:25,25</p> <p>post 4:20</p> <p>potential 5:12 53:5 61:11,17 61:21 66:13</p> <p>power 76:15,15</p> <p>practice 11:1 12:2</p> <p>practices 11:25</p> <p>precincts 73:18</p> <p>preference 10:12 36:3</p> <p>preliminary 13:12,13,14</p> <p>preparation 45:9</p> <p>prepared 5:20</p> <p>present 4:15</p>
---	---	--	---	--

PUBLIC HEARING 9/13/2018

<p>24:7,20 43:20 52:5 58:9 presentations 28:7 presents 69:10 preserve 60:2 preserved 56:14 President 41:15 prettier 71:12 pretty 12:15 70:13 75:17 previous 55:9 66:15 previously 36:20 price 55:4 56:2 74:1 prices 54:6 primarily 25:9 principle 73:7 printed 4:19 prior 5:23 6:4,8 20:14 52:20 57:20 66:9,18 priority 25:10 56:12 60:19 privacy 5:7 private 7:24 14:24 15:2 17:19,22 24:13 27:15 33:14 43:7,9,15 50:1 50:1 51:7 56:18 59:17 62:24 65:12 66:3,10 76:21 76:22 privately 50:6,7 privilege 29:22 41:11 probably 43:4 43:13 45:24 45:25 46:4 problem 36:24 50:17 52:25</p>	<p>problems 8:11 12:22 21:23 28:1 34:2 44:18 proceed 28:4 52:7 57:13 proceeded 54:4 proceedings 1:9 3:1 6:3 proceeds 58:12 process 18:8 28:5 37:7 53:10,11 55:12 56:21 57:8 60:19 67:13 processing 20:24 23:21 procure 9:13 35:5 profession 46:16 professional 8:3 29:18 30:1 33:19 profit 48:14,14 55:22 program 19:19 19:23 21:9 programs 7:16 17:16 20:6 21:10 33:7 62:16 prohibits 14:10 project 1:3 3:23 4:6,16,18 10:12 32:11 36:3 45:14 projections 63:24 Projects 6:21 pronounce 31:24 properly 47:10 properties 72:22</p>	<p>property 8:24 9:4,12,24 18:22 29:1 34:15,20 35:4 35:16 49:17 55:13 proposal 9:25 10:3,4,5 35:17 35:20,21,22 56:21 proposals 9:17 35:9 propose 4:2 proposed 4:8 4:18 9:3 10:4 15:15 16:13 34:20 35:21 prospective 9:13 35:5 55:23,25 protect 5:7 9:19 35:11 62:10 63:14 protected 5:14 protection 25:1 proud 57:4 proven 19:21 28:12 76:5,7 provide 8:1,4 10:16 21:22 23:14 25:21 26:21 28:13 29:14,20 30:2 31:3 33:17,19 36:7 47:10 59:16 64:16 65:13 66:6 75:18,19 provided 6:4 20:21 21:3,10 25:2 30:4 53:6 54:7 providers 5:10 providing 24:22 55:23 public 1:5,14 2:3</p>	<p>3:5,9,10,14 4:10,12,14,23 4:25 5:7 13:7 13:23 14:9 16:18 20:20 23:7 24:21 31:3,13,15,16 31:20 40:5,25 41:5 47:7 49:18 56:23 56:25 58:21 62:3,6,19 63:10 67:12 73:17,22 74:22 76:25 77:23 79:5 publically 50:7 pulled 13:13 purchase 9:14 18:18 22:7,14 35:6 72:21 purchaser 69:4 69:9 72:8 purchaser's 69:14 purchasers 10:5 35:22 66:14 purchases 73:12 purchasing 69:1 purpose 53:24 67:15 pursuant 4:13 put 3:16,17 9:1 13:15,15 23:25 27:11 32:3 34:18 62:20 67:19,24 71:13 puts 69:12 putting 12:24 38:4</p>	<p>14:10 35:15 55:17 67:6 quality 7:5 14:14 18:21 23:10 32:21 43:6 49:12 50:20 51:4 53:7 66:13 67:11,24 quarterly 22:8 question 66:13 73:24 quick 6:16 quite 16:10 66:18 quo 8:17 34:8</p> <hr/> <p style="text-align: center;">R</p> <hr/> <p>R 2:1 R-O-B-E-R-T 18:3 radius 68:8,9 68:23 69:6 raising 53:20 ramifications 39:14 range 8:13 34:5 42:17 46:18 54:25 55:20 61:7 ranking 74:11,12 rankings 74:10 ransack 63:9 rate 9:4 34:20 54:23 55:1 ratios 50:22 reach 62:7 reached 76:1 reaching 6:4 41:13 read 3:15,17 31:21,25 74:23 Reader 15:17 ready 9:13 35:5 real 4:1 6:16 21:1 22:15 45:21</p>
---	--	--	---	---

PUBLIC HEARING 9/13/2018

<p>54:24 60:9 62:23 63:20 realistic 50:3 realities 17:12 realize 42:2 50:23 51:18 75:23 really 13:2,2 36:22 43:6 46:24 62:25 63:3,5 64:3,3 reason 65:8 reasons 8:20 34:11 74:14,14 recall 45:18 receipt 3:22 receive 25:17 26:13 received 52:20 53:1 54:21,24 Recess 31:10 recommenda... 67:16 recommended 10:5 29:25 35:22 record 3:16,18 4:21 5:22 19:22 31:21 32:3 37:4 62:20 65:18 74:20 75:7 77:18 recorded 57:1 records 41:1,1 recover 27:14 red-haired 12:15 reduce 8:18 34:9 63:23 reduced 79:6 Reduction 63:23 reductions 17:17 Reentry 19:18</p>	<p>reference 66:17 67:19 referendum 44:12 referendums 44:13 47:2,5,6 70:22 refused 12:10 73:15 regard 28:8 regarding 24:25 28:11 52:13 region 63:19 Registered 1:19 79:4,15 regret 51:13 regretful 76:23 regulated 30:24 regulation 6:11 Rehab 4:1 22:15 60:9 Rehabilitation 3:25 4:8 22:16 60:8 rehire 25:24 56:7 reimbursement 23:24 50:14 rejected 8:22 9:4 34:13,21 relate 72:6 related 11:4 12:10 79:7 relations 42:19 relative 79:9 released 9:16 35:8 relevant 4:16,17 reliable 42:9 relief 8:17 34:8 relocated 50:11 rely 42:13 remain 25:12,16 25:17</p>	<p>remains 17:15 remarks 6:8 remediation 44:20 remember 20:13 59:6 70:20 remind 31:22 repaid 58:11 repairs 54:20 repay 49:12 repaying 51:13 repeated 73:4 repercussions 38:11 replace 14:16 report 4:21,25 43:23 57:24 reported 40:24 reporter 1:18,19 1:19 2:10 6:1 79:1,3,4,15,16 REPORTER'S 1:9 reports 21:2 22:8,9 represent 14:3 16:20 representative 6:12 60:17 representativ... 43:21 50:13 51:17 representing 24:13 represents 10:12 27:20 36:3 reputable 40:22,23 request 9:17 28:14 35:9 56:21 60:6 require 23:13 25:5 required 6:11</p>	<p>21:7 25:7,19 25:21,24 27:23 58:16 60:21,25 61:1 requirements 3:19 17:14 rescue 53:15 research 23:6 66:15,21 researched 22:4 resident 8:18 34:9 48:17 67:8 68:18 residents 9:20 10:14 14:25 15:5 17:20,25 18:22 24:23 25:12,15 26:11 28:10,11 35:12 36:5 39:4,25 45:7 47:12 51:4 56:12 57:9 59:14 60:9 61:21 62:1,10,17 63:14,19,21 69:10,13 75:11 76:2,11 residing 12:5 38:23 40:8 resolution 65:22 resolve 52:25 resource 59:13 76:18 resources 7:21 10:11,15 29:19 33:11 36:2,6 48:16 respect 13:6 41:8 respectfully 74:15 responders 20:22</p>	<p>responding 26:8 response 20:21 31:4,6 41:15 52:3 69:25 77:22 responses 4:23 responsibility 29:8 36:25 37:10 43:19 57:23 64:20 64:21 responsible 10:3 15:21,22 responsive 35:20 rest 70:24 rests 30:19 result 11:15 18:11 18:23 23:11,19 36:10 59:24 59:25 67:10 resulting 7:14,17 8:9 9:23 10:19 23:20 25:4 33:5,8,25 35:15 results 68:21,21 retired 26:19 60:17 returned 54:8 revealed 54:13 revenue 27:3 revenues 54:9 54:12 73:6 review 1:1 2:7 3:12 4:11,25 9:9 23:6,13 26:21 29:23 31:19 35:1,21 reviewed 18:9 22:8 reviewing 9:23 35:15 reviews 10:4 reward 51:23</p>
---	---	--	--	---

PUBLIC HEARING 9/13/2018

<p>RFP 9:18 10:3 25:4 26:8 35:10,20 55:8 56:3,18 62:5 62:6 67:14 rich 37:21 Richard 52:10 70:2,2,6,8 71:22,24 rid 16:3 36:24 right 5:18 25:16 37:9 41:2,19 43:11 45:5,18 46:8,9 47:17 62:7,12 75:17 right-hand 6:17 rights 25:1 risk 37:2 38:3,4 38:14 69:10,13 RMR 2:11 RNs 16:1,3 Roate 2:5 3:9 6:16 10:22 13:19,21 15:7 16:15 18:2,25 21:13,16 24:6 24:8 26:16 28:18 31:1,16 36:13 38:15 41:22 44:4 48:5 52:1,4,6 57:15 60:13 64:8 65:15 69:22 70:1 72:12 74:17 77:20 robbed 58:25 Robert 18:3 role 56:13 root 36:22 Rothner 18:7 22:3,5,13,15 22:19,23 23:9 23:14 75:12 77:1,8 Rothner's 18:12</p>	<p>18:13,20 roughly 14:20 routine 71:7 rudely 38:24 ruled 8:19 34:10 rules 6:11 31:22 run 11:18 28:24 29:12 30:22 46:22 49:1 65:12 66:5 72:2 running 20:7 40:12 61:12 63:8 runs 38:22 rural 20:22</p> <hr/> <p style="text-align: center;">S</p> <hr/> <p>S 2:1 S-A-N-C-H-E-Z 75:3 S-C-O-T-T 44:7 S-H-U-L-T-Z 48:8 S-N-I-D-E-R 52:11 sad 63:13 saddle 14:9 sadly 49:10,18 safe 11:22 safely 77:12 safer 74:10 safety 37:2 56:13 58:21 59:15 60:3 67:11 saga 47:8 salary 25:22 sale 3:14 6:24 9:17 10:8,18 15:5 16:13,23 17:1 18:1,6 21:15 22:1,2 23:8 24:21 28:9 32:14 35:9,25</p>	<p>36:20 43:13 45:4,14,22 46:10 47:20 48:18 49:23 51:2,10,25 52:13 53:10 53:24 54:6 55:4,7 59:23 60:5 62:2 63:6,23 72:21 73:14,22 74:2 74:9,16 76:21 76:22 sales 8:21 22:12 34:12 49:16 54:23 55:14 58:21 San 71:15 Sanchez 74:19 74:23 75:2,2 75:5 sanction 13:16 save 53:9 Savoy 67:20 saw 58:20 62:15,22 67:23,25 saying 22:24 40:1 77:17 says 39:13 46:2 46:3 scale 36:9 71:10 scared 37:22 scheduled 60:22,23 school 72:19 schools 65:2 sclerosis 11:14 11:15 39:6,9 scope 66:5 Scott 44:7 scramble 63:20 scrambling 50:9 screaming 39:4 scrutiny 22:20</p>	<p>sea 47:7 search 18:9 second 15:13 31:11 53:4 54:23 secondary 62:1 Secondly 15:18 secretary 11:1 13:16 38:20 secure 57:12 see 23:9 38:9 47:25 51:6 55:25 63:24 67:25 77:19 seeking 53:20 seen 8:6 13:10 14:15 33:22 54:13 76:21 76:22 selection 53:12 sell 9:6 11:4 12:20 18:8 34:22 43:14 45:5,16 47:13 47:17 63:3 73:24 selling 8:25 14:24 15:1,12 17:19,22 34:16 50:5 51:6,9 53:21 60:18 send 12:10 50:9 senior 35:3 55:15,15 60:4 60:10 seniors 9:11 sent 13:9 September 1:11 1:14 14:19 17:10 59:9 series 53:17 serious 73:11 served 24:11 25:9 52:18 57:20 service 2:7 3:12</p>	<p>20:20 49:3 51:21 59:1,5 72:19 73:8 75:15,15 76:10 76:10 services 1:1 2:12 4:11 6:22 7:14 7:16,19 8:6 15:4 17:3,5,7 17:16,17,24 19:13,17 20:3 20:6,25,25 21:3,8,12,22 25:2 28:16 30:8 31:19 32:12 33:5,7,9 33:21 37:19 37:22 38:5 54:17,20 73:9 75:19 servicing 29:22 30:9 76:6 session 31:7,9 31:11,13,20,21 32:6 38:19 sessions 56:22 56:24 set 9:15 25:10 35:7 55:23,24 56:1,2 settle 9:20 35:12 seven 21:16 29:15 33:16 61:6 seven-member 7:25 severe 7:13 17:2 33:4 sewed 12:17 share 5:14 23:5 70:12 71:16 shaven 40:10 shelter 11:13,21 11:22,23 sheriff 37:13</p>
---	---	---	---	---

PUBLIC HEARING 9/13/2018

73:10 sheriff's 63:10 shipped 55:8 shocked 46:15 46:17 shocking 20:8 shop 21:9 shopping 65:3 short 44:20 68:12 shortage 59:25 shortest 65:18 Shorthand 1:18 79:3,16 shot 39:14,15 show 49:18 shower 39:16 39:18,18,20 40:2 showering 39:21 showing 68:21 shown 43:25 59:22 shows 22:14 58:2 Shultz 48:7,7 Shut 40:3 shuttered 50:8 sick 39:5 side 38:24 67:23 sider 67:23 sign 5:16 46:7 signed 22:24 significant 23:18 significantly 54:10 61:24 signs 46:11 similar 25:22 45:15 53:1 71:14 simple 64:25 simultaneously 73:15	single 28:24 29:9 69:8 sir 21:14 65:15 74:17 sitting 3:12 31:17 situation 7:7 12:24 32:23 45:15 46:14 48:19 72:23 74:13 six 1:15 18:25 26:5 55:2 56:10 74:4 skilled 4:3 25:18 30:23 55:2 56:4 sleeping 11:8 39:4 40:18 slightly 24:1 63:16 slow 20:21 slums 40:13 small 23:19 smell 40:3 smelled 18:15 40:1 Snider 52:9,10 social 7:15,16 11:11 17:5,16 19:17 20:5 33:6,7 society 42:11 soiled 40:8 sold 17:13 24:2 47:18 51:1 55:3 65:11 sole 22:15 solicited 55:8 solid 26:24 58:3 solution 28:10 solutions 53:5 55:6 solve 8:11 34:2 58:14	somebody 40:22 76:5 somewhat 45:15 soon 41:13 64:3 sort 53:25 71:8 sought 45:20 57:5 sound 16:10 sounded 39:7 71:3 source 65:12 south 4:4 38:24 67:23,23 spans 49:14 sparkling 44:1 speak 14:1,5 31:23 32:1 speaker 6:12 15:7,13,25 16:16 18:2,25 21:16 24:6,8 26:16 28:19 41:23 44:5 48:6 52:1,4,6 52:7 57:16 60:13 64:9 65:16 69:23 70:1 72:13,15 speaking 6:18 53:9 70:21 special 5:3 6:21 32:11 specializing 9:11 35:3 specific 29:18 specifically 68:23 SPECTATOR 24:7 39:1 52:5 spectrum 69:11 speculative 55:21 speech 32:2,4 39:7 spell 6:9 31:24	70:6 75:1 spelled 52:10 74:14 spending 37:17 37:17 70:24 spent 67:20 spite 29:1 spoke 66:20 71:3 spring 22:4 59:7 squashed 49:23 St 2:13 stability 59:15 stabilize 64:5 staff 4:10,12,21 4:25 20:1,10 20:12,15 39:5 39:11,25 49:4 51:12,19,22,22 51:22 57:5 59:14 75:8,9 75:15,18 staff's 51:23 stakeholders 57:7 stand 36:14 37:14 standard 20:19 64:15 start 31:13 32:7 47:19 52:24 started 3:3 27:2 44:22 starting 23:23 44:24 57:21 state 4:20,20 5:4,23,24 6:9 20:16 22:20 23:15,19,23 25:5 37:15,17 42:6 43:21 45:17 50:13 54:11,12 61:12 61:16 64:14,19	72:19 79:4 state's 56:17 73:10 stated 16:20,24 39:3,3 statement 73:22 statements 54:8 states 42:18,19 54:2 status 8:17 34:8 53:3 stay 50:23 51:4 stayed 12:5 stays 28:3 step 41:16 stepping 13:16 steps 8:11 34:2 steward 14:8 stewards 15:4 17:25 stick 71:22 sticking 51:14 stolen 12:18 stop 47:21 stopped 49:20 stories 69:16,19 story 49:14 67:3 69:16 71:16 strange 77:9 strategic 53:14 Street 1:17 2:13 streets 48:2 stress 56:20 stretched 14:12 32:19 stretches 7:3 stricken 52:6 strictly 67:3 strip 65:19 stripping 72:25 strong 18:15 structure 15:19 54:10
--	--	---	--	---

PUBLIC HEARING 9/13/2018

<p>struggled 7:5 14:13 32:21 struggles 17:6 stuck 43:3 study 56:22,24 stuff 37:8 42:21 stupid 71:12 subcontracted 49:2,6 subcontractors 49:5 subject 66:24 67:9,12 71:23 subjected 16:6 submission 74:15 submit 4:23 5:21 submitted 9:25 22:7,24 35:17 74:19 submitting 5:11 subsequent 62:19 subsidies 73:7 subsidize 73:15 subsidy 44:21 substantially 25:22 successful 10:19 19:17,19 36:10 58:12,13 66:6 successfully 33:12 sudden 71:20 Sue 43:7,19 suffer 18:23 23:10 suffered 23:18 sufficient 14:16 suggested 46:19 suited 11:10 summarize 72:23</p>	<p>summer 8:12 34:4 53:13 super 7:1 10:7 32:17 35:24 63:2,8,11 supplied 49:4 supplier 17:8 supplying 59:5 support 4:24 9:4 15:1 17:22 18:23 29:2,9 34:21 36:20 49:15,18 supported 44:15 47:4 supporting 47:3 supportive 4:18 sure 38:13 42:23 43:14 55:11 56:3,5 57:6 64:22 71:20 72:7,9 surprised 16:7 16:11 surrounded 11:19 surrounding 20:16 survey 40:6 41:4 surveyor 13:9 suspect 44:2 sustain 50:18 59:22 sustainability 73:9 sustainable 8:16 34:7 53:6 59:2,12 sympathetic 44:16 system 20:24 21:24 37:6 59:10 systems 6:10</p>	<p style="text-align: center;">T</p> <p>T-A-P-L-E-Y 44:8 T-O-C-K 64:12 table 68:20 tactic 16:12 take 3:7 6:14,17 10:18 11:9 13:4 36:9,14 38:13 41:17 46:5,22 48:15 49:8 50:10 69:20 75:11 77:15 taken 9:7 22:25 23:15 34:24 40:17 77:3,13 79:5,9 takes 25:14 66:5 talk 45:2 63:4 talked 42:23 77:4 talking 38:8 Tapley 44:7,7 targets 53:15 task 72:3 tax 8:21,24 9:4 19:12 29:1 34:12,15,20 37:15 38:11 47:1 49:16,19 58:21 73:7 taxes 18:22 49:17 53:20 73:15 taxpayer 14:8 taxpayers 15:5 18:1 45:6 47:12 57:8,24 72:7 73:5 Team 55:14,15 technical 57:11 tell 11:3 42:15 50:13 65:1 69:16 telling 52:21</p>	<p>67:4 70:9 tells 47:6 temporary 6:21 32:11 49:4 ten 15:16 24:8 26:1 30:6 tenants 15:22 tenure 52:20 52:24 58:2 term 24:17 terminate 26:1 26:3 56:8 termination 51:15 terms 9:14,18 25:6,12 26:6 26:9 35:6,10 56:3,21 testify 52:13 testimony 3:7 5:11,21 6:1,6 10:23 14:6 62:19 74:19 74:22,24 text 5:20,21 thank 6:15 10:21 13:25 15:6 16:14,15 18:1,5 18:23 21:13,14 21:19 24:4 26:15 28:17,18 30:25 31:1 32:8 36:12,13 36:17 38:14,15 41:20,22 44:3 44:4 48:4,5 51:25 52:12 57:14,15 60:11 60:12 64:7,8 65:14,15 69:21 69:22 71:24 71:24 72:11,12 74:16,17 75:4 77:19,20,25 Thanks 48:3 themes 66:8</p>	<p>therapy 49:3 thereto 79:11 thing 16:8 19:10 37:9 38:8 42:3 43:8 47:11 53:4 71:11 things 12:18,19 19:21 20:8 36:22 43:11 45:23 53:19 66:3,4,6 71:2 72:1 76:13,14 think 13:3 16:4 39:1 42:10 43:4 45:4,5,11 46:13,21,23 47:6,11,17,19 47:24 48:1 52:5 57:10 62:23,25 63:3 64:21 65:7,18 71:3 76:11 77:5 Thirty 64:13 thought 46:20 71:20 threatening 73:9 three 6:6 7:16 11:2 13:19 15:7 15:14 20:7 25:19 33:7 38:21 43:4 61:12,17,20 67:17,19,21 68:17 69:17 71:17 74:5 three-minute 52:16 three-year 61:15 throw 37:3 46:4 50:24 61:14 ticket 14:15 tied 17:7 59:10</p>
---	--	---	---	--

PUBLIC HEARING 9/13/2018

<p>time 7:4,21 8:6 10:10 11:25 13:14 17:4 20:21 23:20 26:25 32:20 33:5,11,22 36:1 39:21 44:3,21 49:17 51:15 52:25 53:1,9 54:12 60:13 62:13 65:11 74:18 times 59:4 61:12,17 68:25 69:3,5 74:6 Tock 64:11,11 today 6:1 11:3 14:1,4 19:9 27:17 42:11 48:21 49:20 51:9,13 58:14 58:17 63:3 66:20 71:2 74:8 today's 5:22 6:3 30:23 toilet 59:6 told 11:21 42:23 44:2 45:23 46:1,1 62:8 71:5 tonight 44:9 45:1 48:9 51:18 top 46:18 60:19 toppled 71:18 total 7:8 14:21 32:24 42:17 totaled 27:18 totaling 27:7 54:1 tough 19:4,5,20 27:13 69:19 tour 72:20 town 50:10 65:1 track 37:4 65:8</p>	<p>77:18 trail 77:19 trained 8:4 33:20 transaction 4:9 22:12 45:10 47:20 48:1 54:6,24 transactions 21:1 transcribed 6:3 32:3 transcribing 6:1 TRANSCRIPT 1:9 transfer 3:22 7:3,11 9:17 27:17 28:15 32:19 33:2 35:9 60:7 transfers 8:9 27:7,9 33:25 58:10 59:19 transition 67:4 transparency 76:12 treasurer 26:19 57:19,20 71:5 Treasurer's 26:18 treasures 51:18 Tribune 40:24 tried 13:15 53:5 62:11 trips 62:13 trouble 27:1 true 23:17 30:17 Trump's 41:15 trust 43:21 45:21 51:19 trusted 38:2 truth 42:23 62:23 63:21 try 13:17 18:8,18 19:16 40:22 47:19</p>	<p>trying 7:21 33:11 36:25 37:8 38:6 51:15 55:5 77:7,9 tubes 45:10 tunnel 47:25 turn 48:1 turned 66:1 turnout 48:10 twice 61:3 two 4:18 7:4,15 9:9 13:21 14:12 14:16 17:11,12 22:5,7,10,13 22:18 23:20 24:12 25:14 31:13,20 32:20 33:6 35:1 39:21 43:4 47:1,4 49:15 52:19 53:2 54:22 67:2 71:17 74:11 77:6 type 22:9,9 38:21 typed 4:19 types 64:17 typewriting 79:7 typical 65:6</p> <hr/> <p style="text-align: center;">U</p> <p>ultimately 30:20 unable 58:14 understaffed 18:14 understand 12:22 13:17 19:14 40:21 52:15 62:24 65:3 77:10 understanding 49:23 64:25 underwear</p>	<p>12:12 unfortunate 66:12,24,25 unfortunately 48:21 52:24 69:18 unfunded 54:17 54:18,18 unincorporat... 19:14 unit 69:8 university 3:25 3:25 4:7 16:9 16:11 22:15,16 60:8,9 unlivable 40:13 unpaid 7:9 14:22 27:22 32:25 unsupervised 18:15 upper 6:17 Urbana 1:3 3:23 4:4 64:13,20 64:21 urge 69:15 74:15 75:23 76:20 urging 73:22 urine 18:16 use 21:4 46:18 uses 64:17 usually 44:8</p> <hr/> <p style="text-align: center;">V</p> <p>V-A-N 6:20 32:9 vacate 24:18 valuable 76:11 value 54:24 values 46:18 van 6:20 11:11 32:9 44:24 varies 50:20 various 8:20 23:14 28:8</p>	<p>34:11 vendor 7:9 32:25 vendors 27:21 47:21 59:3,5 61:6,7,8 verbal 4:16 Vermilion 50:25 vested 30:14 vet 9:13 35:5 70:18 viability 7:6 14:15 32:22 74:13 viable 42:22 Vietnam 72:20 viewed 43:24 violations 22:10 76:25 virtue 22:18 visited 18:13 42:13 65:5 67:16,19 voice 36:21 volunteer 70:23 vote 44:14 voted 10:8 35:25 61:2 73:19,24 voter 29:1 voters 6:25 8:23 9:2,5,5 10:13 32:15 34:14,18,21,22 36:4 47:2,2 49:15 61:2 73:14 vulnerable 75:22</p> <hr/> <p style="text-align: center;">W</p> <p>W-A-T-K-I-N-S 36:16 W-E-L-C-H</p>
--	---	--	---	--

PUBLIC HEARING 9/13/2018

26:17 W-Y-S-O-C-K-I 24:10 wait 59:3 waiting 11:20 want 11:4 12:20 16:9 23:9 24:12 31:22 36:24 39:14 44:25 45:3 46:23 50:23 53:10 56:20 62:24 71:20 74:24 wanted 13:25 39:13 48:11 51:12 53:16 55:7 56:5 62:9,10 war 37:17 70:18 warnings 37:4 38:1 wasn't 11:7 36:22 67:22 watch 57:2 Watkins 36:15 36:15 way 7:22 12:1 33:12 42:5 54:19 57:5,12 60:2 62:12 67:5 72:7 we'll 3:6 6:14 32:2,7 76:13 we're 3:2,14 6:2 11:9,25 15:18 15:25 22:2,9 31:12 37:21 42:5 50:16 61:16,24 63:3 63:9,16 we've 71:2 website 68:2 week 12:5 weeks 39:22 52:20	Welch 26:17,17 well-funded 58:3 well-qualified 30:8 went 12:4 15:14 23:22 39:21 46:11 55:5,5 70:20 72:19 weren't 61:12 wheelchair 11:16 wide 54:13 widely 50:21 wife 41:25 43:20 William 22:3 willing 9:14 35:6 43:12 willingness 26:10 Windsor 67:20 wiped 27:11 Wisconsin 42:20 wish 3:4 words 72:23 work 12:1,1 25:1 31:14 43:11 47:23,24 51:14 51:23 54:4 57:4 66:7 worked 20:17 26:18 53:13 55:9 56:17 worker 11:12 40:3 workers 38:5 39:25 working 6:22 19:10 32:12 54:21 works 31:16 World 70:18 worse 12:9 45:10	worst 15:16 28:5 wouldn't 11:25 40:2 48:21 71:20 writing 62:6 written 3:7 4:16 4:23 5:11,21 74:19,23 wrongful 67:1 wrote 27:19 Wysocki 24:9,9 <hr/> X <hr/> Y <hr/> year 19:25 20:13 27:25 28:22 29:5 44:21 47:8,8,9 50:21 54:15,16 59:4 60:20 61:10 67:2 73:6,13,21,23 years 7:20 20:12,14 23:20 24:11 25:3 26:19 28:13 30:5,6 33:10 42:4 43:4 48:20,22 49:2,3,8,14 55:3,22 56:11 64:13 65:25 66:17 69:18 71:9 72:25 73:1,23 74:5 yielded 55:4 York 42:20 young 66:2,20 70:15 Youth 19:18 <hr/> Z <hr/> zero 41:3,5 zoning 21:3 64:14,15,16,25	<hr/> 0 <hr/> 084-002797 2:12 79:17 <hr/> 1 <hr/> 1 29:4 58:11 60:17 1-800-280-3... 2:14 1,000 14:4 1.2 54:15 1.385 27:20 1.5 14:20 27:8 1.8 8:9 33:25 10 55:20 56:9 56:11 10.1 54:25 100,000 19:7,18 20:8 11 4:7 36:14 46:17 56:2 1110 3:21 1120 3:21 1183 2:11 12 24:11 26:16 60:23 12,000 58:17 12.7 54:25 13 1:11,14 38:16 14 28:19 55:20 143 63:18 15 41:23 15th 52:21 16 4:22 28:13 44:5 68:13,13 16-unit 69:1 17 22:17 48:6 18 52:1,4,6 18-026 1:3 18026 3:23 10:12 36:3 19 26:19 69:23 19.33 61:16 1977 21:22 1996 5:9 1998 26:23	58:3 <hr/> 2 <hr/> 2 3:1 44:22 2.1 68:25 69:2 2.18 61:22 2:45 31:9 20 26:4 52:7 56:10 73:2 20,000 19:17 2000 64:22 2002 27:1 29:2 44:12,23 58:4 2005 27:3,6,17 58:6,9 2006 7:24 33:15 2007 45:17 2008 7:24 8:1,4 27:6 28:22 29:2,11 33:15 33:16,19 65:22 2009 27:16 2012 20:13 57:21 66:18 2013 8:7 33:23 2015 54:1 68:5 2016 7:10 8:12 8:23 14:23 27:9 33:1 34:4 34:14 52:19 53:13 68:5 2017 7:1 9:3 11:7 17:10 26:20 32:16 34:19 52:19 59:9 68:5 2018 1:11,14 4:22 5:1,24 6:5 7:2 9:16 10:1,7 14:21 22:17 27:9 32:18 35:8,18 35:24 40:6 2020 64:2
--	--	---	---	---

PUBLIC HEARING 9/13/2018

<p>2027 25:13 21 70:1 217 1:16 22 5:1 57:16 220 25:8 56:4 220,000 54:16 23 10:1 35:18 24 7:2 10:7 32:18 35:24 60:14 243 4:3 63:17 25 68:22 69:6 69:13 25-mile 68:7 26 64:9 27 29:6 28 65:16</p> <hr/> <p align="center">3</p> <p>3 68:21 69:2,4 69:7,8 74:6 3.6 54:2 3.7 27:8 30 5:23 6:5 7:14 17:4 20:2 33:5 300,000 54:17 31 25:13 314 2:14 35 20:2</p> <hr/> <p align="center">4</p> <p>4 6:25 9:2 32:15 34:19 68:22 69:3,4 69:7,8 73:6 74:6 4.2 7:9 14:22 32:25 4.32 73:18 40 69:13 40-mile 68:9 68:22 43 54:2 44 26:19</p> <hr/> <p align="center">5</p>	<p>5 31:8 49:21,22 5,000 14:4 5.2 27:18 58:10 5:00 31:11 50 25:8 50:15 50:18 56:14 63:17 64:1 50,000 58:15 500 4:4 503 54:2</p> <hr/> <p align="center">6</p> <p>6.2 61:16 6:10 78:1 60 26:2 44:14 56:9 60/40 47:5 63 9:23 35:15 63101 2:13 644-2191 2:14 65/35 47:5</p> <hr/> <p align="center">7</p> <p>711 2:13 750,000 54:17 60:24 77 3:20</p> <hr/> <p align="center">8</p> <p>8.62 61:22</p> <hr/> <p align="center">9</p> <p>9 9:16 11:7 35:8 9.4 54:15 9.54 61:18 9.9 55:4 9:00 5:1 900,000 26:25 97 54:5</p>			
---	--	--	--	--